Government of Saskatchewan

Annual Report For the Year Ending March 31, 1988

Saskatchewan Health

3475 Albert Street
Regina, Saskatchewan
S4S 6X6

Letters of Transmittal

To the Honourable Sylvia Fedoruk
Lieutenant-Governor of Saskatchewan

May It Please Your Honour:

I am pleased to submit this report on the activities of Saskatchewan Health for 1987-88.

Health care is the government's number one social priority. Through careful and prudent management, we continued a planned program of building and renovation throughout the year. As a result, urban and rural residents alike are benefiting from improved health care facilities.

While modern buildings and up-to-date medical technology are essential for quality health care, our system continues to build on a foundation of people caring for people. It is this basic principle that allows us to offer a wide range of health care and health-related services to Saskatchewan residents.

Plans are underway to unveil a long term program that will help people recognize and practise healthy living. This program will build on the concept that responsibility for good health is shared between the individual and health care providers.

By working together and with other agencies, the various branches that make up the Health Department successfully provided top quality health care to Saskatchewan residents throughout 1987-88. Our commitment to excellence will continue in the years ahead.

Hon. George McLeod
Minister of Health

Saskatchewan Health

To the Honourable George McLeod
Minister of Health

Sir:

On behalf of the staff of Saskatchewan Health, I am pleased to present the Annual Report of Saskatchewan Health for your consideration. This report covers the activities of the department for the fiscal year ending March 31, 1988. By working closely with the public, health care agencies and health care providers, we continued to enhance the health and well being of all Saskatchewan residents.

Respectfully submitted,

Stan Sojonky
Deputy Minister

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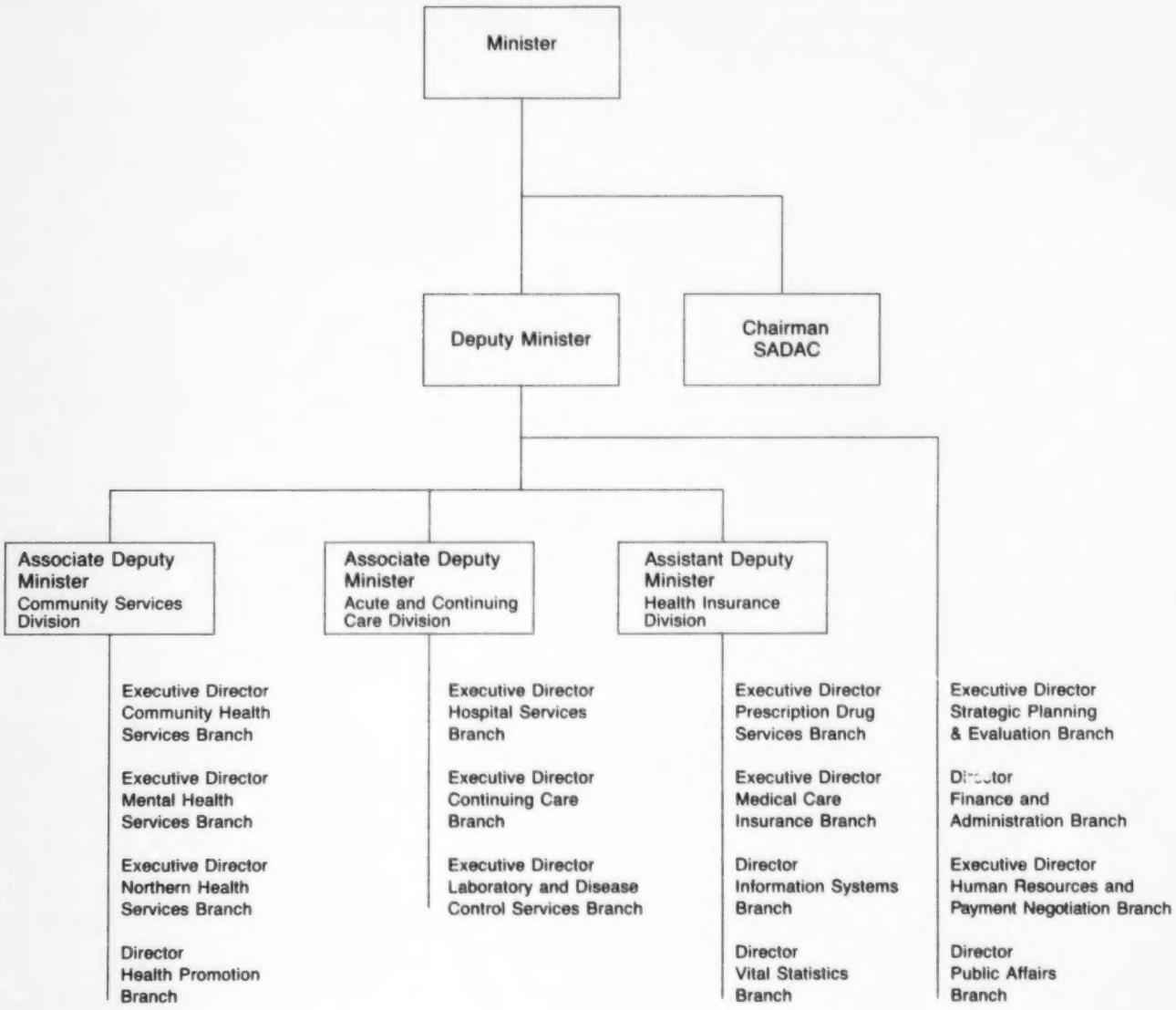
Table 1:

Saskatchewan Health Services Expenditures, 1986-87 to 1987-88, by Saskatchewan Health, Health Commissions and the Cancer Foundation

Program		Total Expenditure ($Thousands) 1986-87	1987-88	Percentage Distribution 1987-88
Total		$1,236,151	$1,255,849	100.0
A. Ordinary Expenditures		$1,165,203	1,178,635	100.0
Saskatchewan Hospital Services Plan	(1)	520,764	524,210	44.5
Saskatchewan Medical Care Insurance Commission		209,066	215,401	18.3
Grants to Special-care Facilities		172,533	178,203	15.1
Grants and Allowances for Home Care		23,627	23,593	2.0
Saskatchewan Prescription Drug Plan		82,634	59,453	5.0
Mental Health Services Branch		29,085	27,953	2.4
Saskatchewan Dental Plan		17,485	15,670	1.3
Community Health Services	(2)	19,027	17,655	1.5
Saskatchewan Cancer Foundation		17,211	17,891	1.5
Grants to Health Agencies	(3)	16,662	17,073	1.4
SADAC		10,094	12,830	1.1
Laboratory & Disease Control Services	(4)	4,508	7,543	.6
Saskatchewan Aids to Independent Living		4,784	6,188	.5
Saskatchewan Hearing Aid Plan		1,896	1,853	.2
Northern Health Services		4,655	4,405	.4
Ambulance Services	(5)	7,853	7,052	.6
Lakeside Home — Wolseley		1,913	2,020	.2
Accommodation and Mail	(6)	—	16,388	1.4
Administrative and Support Services		21,406	23,254	2.0
		$1,165,203	1,178,635	100.0
B. Capital		$ 70,948	77,214	—

(1) Includes Payments under the Hospital Revenue Act
(2) Includes Community Health Services and Communicable Disease Control in 1986-87
(3) Includes Grants to City Health Departments, Other Health Agencies, Grants in Assistance of Clinical Services provided by the Medical Education System, Grant to the Saskatchewan Health Research Fund and Grants for Mental Health Services
(4) Disease Control Services was included in Community Health Services in 1986-87
(5) Includes Grants to Ambulance District Boards and charges for Air Ambulance Services
(6) Payments to Saskatchewan Property Management Corporation for Accommodation and Mail began in 1987-88

Figure 1: Saskatchewan Health Organization Chart


Minister
Deputy Minister
Chairman SADAC
Associate Deputy Minister Community Services Division
Associate Deputy Minister Acute and Continuing Care Division
Assistant Deputy Minister Health Insurance Division
Executive Director Community Health Services Branch
Executive Director Mental Health Services Branch
Executive Director Northern Health Services Branch
Director Health Promotion Branch
Executive Director Hospital Services Branch
Executive Director Continuing Care Branch
Executive Director Laboratory and Disease Control Services Branch
Executive Director Prescription Drug Services Branch
Executive Director Medical Care Insurance Branch
Director Information Systems Branch
Director Vital Statistics Branch
Executive Director Strategic Planning & Evaluation Branch
Director Finance and Administration Branch
Executive Director Human Resources and Payment Negotiation Branch
Director Public Affairs Branch

March 31, 1988

Mission of Saskatchewan Health

Our mission is to help Saskatchewan residents enjoy the best possible health by promoting health and by ensuring the provision of preventive, treatment, rehabilitative and support services.

We are guided in this mission by the following principles:

Responsibility	Residents are to be encouraged to take an active, responsible role regarding their health and their use of services.
Accessibility	Services are to be accessible to the greatest extent practical.
Quality	Services are to be high quality.
Caring	Services are to be provided sensitively, with respect for the dignity and rights of consumers and health care providers.
Cost Effectiveness	Services are to be provided by the most cost effective means available.
Consultation	Effective dialogue and co-operation between health care professionals, interest groups, the public, government departments and agencies and Saskatchewan Health are essential.

1. Community Health Services

Objectives

The prime objective of the branch is to raise and/or maintain the health status of Saskatchewan residents through protection and promotion activities. To meet this challenge, the branch works towards a number of primary goals which, broadly stated, are:

— to increase public awareness and understanding of the factors influencing health and to foster the adoption of lifestyles which promote optimum well-being.

— to maintain a healthy environment by identifying actual or potential environmental health hazards and applying effective control methods.

— to prevent, reduce or modify the course of various communicable and non-communicable diseases.

— to identify individuals who have, or are at risk of developing, specific health or developmental problems in order to initiate early intervention and remediation.

— to assist in the maintenance of, and restoration to, a maximum level of independence for physically handicapped and chronically disabled individuals.

Highlights

- The Dental Health Education Program was implemented October 19, 1987 to improve the dental health status of Saskatchewan children through a continuing program of preventive education.

- In 1987, a number of changes to the SAIL program were implemented by the department. These included new arrangements for the CNIB and the Saskatchewan Abilities Council to handle certain aspects of the equipment functions of the program.

- Administration of the Nutritional Products program was transferred from the Saskatchewan Prescription Drug Plan to the Provincial Nutritionist within Community Health Services Branch.

- The Medical Services Division functions were transferred from Community Health Services to the Health Insurance Division.

- A revised funding formula for assistance to city health programs was implemented which substantially increased the provincial contribution.

Organization

The role of the Community Health Services Branch is to promote and protect the health and well-being of individuals and families in the community. To fulfill this role, the branch provides and administers a large number of health programs to Saskatchewan residents through a network of health regions and Saskatchewan Hearing Aid Plan clinics throughout the province. Loan equipment to the handicapped and disabled residents is made available through contractual arrangements with the Saskatchewan Abilities Council and the Canadian National Institute for the Blind.

Services available through 58 district and regional offices include communicable disease control, health education, maternal and child health, nutrition, sanitation, chiropody, early childhood psychology, physical and occupational therapy and dental health education. The branch provides financial assistance in the form of grants to various health care organizations whose services complement those of the branch, including the health departments in Regina and Saskatoon.

For purposes of administration and delivery of community-based health programs, the province is divided into 10 health regions which cover all areas excluding Regina, Saskatoon and the area administered by the Northern Health Services Branch.

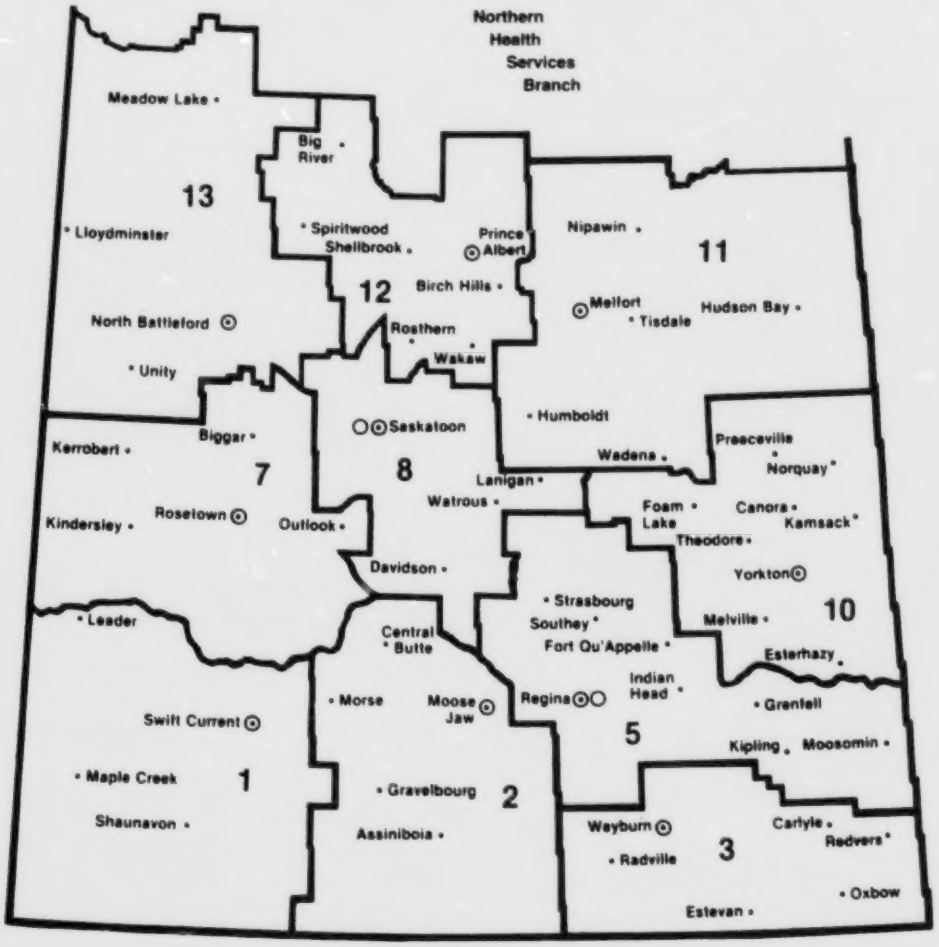
The central co-ordinating office is in Regina. This office is responsible for the overall operation, administration and co-ordination of community-based services and activities. It also provides central consultative and support services to the regions.

Health Regions

Each health region is divided into health districts which are organized into District Health Councils, consisting of an elected representative from each city, town, village and rural municipality. In turn, one or more delegates from the District Health Councils is elected to the Regional Board of Health. The board has a number of statutory duties which include reviewing the health region budget, reviewing annual activity reports of the medical health officer, informing local authorities of policies and services of the region and serving as an advisory body to the medical health officer and Minister of Health.

Community health programs are developed according to department policies modified to meet the needs of the population served. Administration of health programs in each region is the responsibility of the medical health officer, who generally supervises the activities of public health nurses, public health inspectors, early childhood psychologists, speech and language pathologists, chiropodists, nutritionists, community therapists and dental health educators.

Figure 2. Health Regions



Key for Health Regions:

No. 1 Swift Current (48,136)
No. 2 Moose Jaw-Assiniboia-Gravelbourg (68,841)
No. 3 Weyburn-Estevan (52,010)
No. 5 Regina Rural (76,201)
No. 7 Rosetown-Biggar-Kindersley (41,347)
No. 8 Saskatoon Rural (48,966)
No. 10 Yorkton-Melville (81,258)
No. 11 Melfort-Tisdale (73,260)
No. 12 Prince Albert (81,370)
No. 13 North Battleford (94,331)
Regina city (178,520)
Saskatoon city (182,216)

Note: Population served is given in parentheses — SHSP Covered Population at June 30, 1987 including Registered Indians and excluding Northern Saskatchewan.

The population shown for North Battleford Health Region 13 includes the Alberta side of Lloydminster city (10,587).

⊙ Regional Office
* District Office
○ City Health Office

Activities and Services

Community-based Services

Public Health Nursing Services

Objective — To provide a family-centred community-based program designed to promote healthful living at every stage of life.

Direct service is delivered by 139.3 public health nurse I's and six public health nurse II's, working from 58 offices in 10 health regions. Management of public health nursing programs is provided by eight regional nursing supervisors. One regional nursing supervisor in each region manages the programs provided by her staff. The director and two public health nurse consultants, located in central office (Regina), work closely with regional nursing supervisors in taking prime responsibility for provincial program planning and evaluation, as well as other administrative and consultative duties.

Prenatal and child health services are priorities, with emphasis placed on immunization, screening, teaching and counselling in home and classroom settings. Other services include postnatal home visits, child health conferences and school health services. These services are provided through health appraisals, screening programs, teaching, counselling, referral and liaison services.

Table 2:

Prenatal Class Attendance

	Class 1 Now That You're Expecting A Baby	Class 2 Nutrition	Class 3 Labor and Delivery	Class 4 The Hospital Experience	Class 5 Adjustments	Class 6 The Newborn
No. of Classes Taught	179	175	208	217	206	200
No. of Mothers Attended	1,361	1,299	1,795	1,805	1,470	1,291
No. of Primigravidas	1,105	1,133	1,512	1,526	1,204	1,080
No. of Mothers:						
17 & Younger	36	38	61	48	45	28
18 - 35	1,308	1,246	1,709	1,734	1,403	1,245
Over 35	17	15	25	23	22	18
No. of fathers/coaches attended	1,091	1,081	1,560	1,541	1,247	1,071

Table 3:
Infant and Preschool Services

Number of Appointments: 61,463

	Total	Infant	Preschool
Immunizations:	92,976	47,896	45,080
DPT*	41,033	23,496	17,537
D.T.**	1,269	441	828
Oral Polio	41,780	23,758	18,022
M.M.R. ***	8,584		8,584
Mumps	1	—	1
Measles (Rubeola)	2	—	2
Rubella	3	—	3
Other	304	201	103
Developmental Screening	37,010	9,525	27,485
– Failures	349	34	315
Hearing Screening	42,893	16,580	26,313
– Failures	1,295	30	1,265
Speech-Language Screening	6,562	0	6,562
– Failures	1,325	0	1,325
Vision Screening	8,074	3	8,071
– Failures	979	—	979
Nutrition Assessment	50,166	25,695	34,471
– Failures	378	204	174
Physical Assessment	65,209	31,205	34,004
– Failures	934	545	389
Speech-Lang. Assessment	897	180	717
– Failures	136	9	127

* Diphtheria, Petussis, Tetanus
** Diphtheria, Tetanus
*** Measles, Mumps, Rubella

Home Visits or Contacts	Total	Home Visits	Interviews/ Other Contacts
Prenatal	3,457	1,275	2,182
Postnatal	10,780	6,279	4,501
Infant	11,946	6,978	4,968
Preschool	6,854		
Adult:			
- under 65	4,380	4,380	
- over 65	3,838	3,838	
Special*	15,209	11,062	4,147[1]
Communicable Disease	285	285	
Referrals	6,995		

* - Includes SAIL, Mentally Ill, Physically Disabled & Mentally Disabled
1 - SAIL

School Program

Student Programs	
Teacher Nurse Conference	3,228
Students Seen	49,025
Education Program – students attending	12,926
Discussion with parents of students	8,513
Number of Immunizations	28,508

Public Health Inspection Services

Objective — To safeguard public health and safety endangered by physical, chemical and biological hazards. Services include educational programs, consultation, inspection of facilities and enforcement of regulations under The Public Health Act. Regular inspections are carried out on apartment blocks, bakeshops, barber and beauty culture establishments, abattoirs, hotels and motels, mobile home parks, plumbing and drainage systems, public eating establishments, sawmill and lumber and mining camps, swimming pools, tourist accommodations, and milk pasteurization plants.

Other areas of responsibility include shoreland pollution control, general sanitation, and abandoned refrigerators.

Inspections relating to food are directed at food manufacturing operations, storage facilities, transportation systems and retailing operations. Inspections are carried out for a wide variety of conditions in institutions, retail stores, recreation areas, etc. Inspection and consultative services are also provided to other agencies. These agencies include schools, hospitals, intensive livestock operations, day care centres, special-care homes and approved homes. Microwave ovens in commercial establishments are also checked regularly for Occupational Health and Safety Branch, Saskatchewan Human Resources, Labour and Employment.

Public health inspectors monitor all public non-municipal water and sewage treatment facilities to reduce the risk of water or sewage-borne disease. All private sewage systems, especially those in environmentally sensitive locations such as shoreline areas, are inspected during construction and upon request.

Public health inspectors enforce regulated standards for site planning of offensive trades and provide assistance to other government agencies in monitoring various emissions and in performing field inspections.

To ensure that public facilities are free from physical, chemical or biological hazards, this branch regularly and continuously monitors public accommodations, residential facilities and personal service establishments. Such monitoring ensures compliance with minimum standards of ventilation, sanitary facilities, water supplies, waste disposal, and insect, rodent and vermin control.

Each year, public health inspectors conduct two major training courses:

1. The Saskatchewan National Sanitation Training Program for food service workers is taught throughout the province. During the past year, 733 food service workers successfully completed this course.

2. A course for swimming pool operators, covering various aspects of water treatment and pool management. In 1987-88, 277 certificates were awarded.

Milk Inspection

A Public Health inspection consultant from central office provides effective public health control of milk-borne disease by monitoring industry adherence to sanitation measures in handling, pasteurizing and distributing milk and milk products.

Under Section 44 of The Public Health Act, milk may not be sold, offered for sale or delivered in a city or town having a population of 1,000 or more unless it has been pasteurized in a plant approved by the Minister of Health. Under provincial legislation residents may purchase unpasteurized milk directly from a dairy farm for their own use. During 1987-88 only two towns and 16 villages permitted the sale or delivery of raw milk.

A history of milk as a safe food has been established by confidence in pasteurization and reassured by the enforcement of regulations. There have been no reported illnesses attributed to infected pasteurized milk in decades.

Table 4:
Compliance to Milk Quality Standards

	Per cent compliance
Milk quality standards	**1987-88**
Average	97.85
Standard plate count*	99.18
Coliform plate count**	97.18
Phosphatase test +	100.00
Test for inhibitors + +	100.00
Commingled raw milk count + + +	97.24

* Less than 30,000 bacteria per millilitre
** Less than three coliform bacteria per millilitre
\+ Color equivalent to less than one microgram of phenol per millilitre
+ + Less than 0.05 units of penicillin per millilitre
+ + + Less than 300,000 bacteria per millilitre

Table 5:

Number of Facilities and Actual On-Site Visits or Inspections, Public Health Inspection Services, Saskatchewan Health Regions

Type of Activity	Number of Facilities 1987-88	Number of Field Visits 1987-88	Number of Formal Inspections 1987-88
Eating establishments	2,792	2,738	2,683
Food distribution	1,271	597	546
Food processing	204	233	232
Liquor outlets	628	413	495
Communal water system	1	51	1
Private water supply	—	246	—
Public water supply	393	250	117
Communal sewerage systems	2	46	—
Private sewerage systems	—	806	—
Public sewerage systems	18	29	3
Solid waste disposal	—	95	—
Liquid waste transport	—	665	—
Hospitals	121	64	37
Schools	734	71	61
Institutions	456	202	217
Housing	—	685	—
Mobile home parks	105	110	71
Trailer courts	35	30	27
Hotels	461	306	440
Motels	218	77	196
Industrial facilities	14	58	9
Swimming pools	279	780	296
Agricultural facilities	—	84	—
Personal service facilities	631	79	37
Recreational facilities	1,036	839	503
Public facilities	322	277	53
Plumbing	—	3,959	—
Investigations	—	409	—
Total	9,721	14,199	6,024

Nutrition Services

Objective — To encourage individuals to make food choices which will help them to achieve and maintain good health. This ranges from nutrition for optimum growth in pregnancy and childhood to reduction of risk of heart disease, diabetes and cancer in the adult years.

Public health nutritionists provide educational and consultant services to health professionals, community leaders and groups, and members of the public. During 1987-88, the public health nutritionists were involved in:

— Prenatal and infant nutrition education. The health of mother and child is affected by prenatal nutrition, breastfeeding, and infant feeding practices.

— Nutrition programs for children. There is a nutrition section in the Pre-school Core Services program. Workshops and resources have been offered to teachers with particular emphasis on the Dairy Foundation Workshops for Division I and II teachers.

— Nutrition programs for adults. Work has begun on promoting the Healthy Weights project.

— Media programs. The public health nutritionists write weekly columns for distribution to newspapers throughout the province. They also provide information through radio and television.

— Publications. Some of the demand for nutrition information is met through pamphlets and other resource material.

— Community programs. Nutritionists participate as guest speakers, panelists, and seminar organizers in community programs.

During 1987-88, responsibility for The Nutritional Products Program, previously part of the Saskatchewan Prescription Drug Plan was transferred to the provincial nutritionist.

Table 6:

Nutrition Services, Health Regions

Activity	1987-88
Group discussions, workshops (attendance)	230 (4,996)
Newspaper articles, radio, television & special materials	222
Clients counselled	365
Clients screened	186
Consultations re: clients	266
Consultation services to staff, health professionals, etc.	2,324

Early Childhood Psychology Services

Objective — The Early Childhood Psychology program promotes the health and well being of the pre-school population within the family setting. Developmental and learning disabilities in the pre-school population are a primary focus and include cognitive, self-help, social-emotional, fine-motor, gross-motor, language, information processing and attention span problems, with primary focus on intervention at the earliest possible age.

The early childhood psychologist provides diagnostic evaluation and/or assessments, as well as any required follow-up services to children on a referral basis. The referrals come from a variety of sources:

- the public health nurse from the developmental screening of the pre-school core services program
- the speech and language pathologist
- other Community Health Services Branch personnel
- members of the community or other professionals

Consultation and public education services are provided to other professionals, agencies, individuals and parents on issues related to growth and development of pre-school children.

The early childhood psychologist offers developmental assessment, short-term guidance, counselling and therapy to pre-school children, including those in the Early Childhood Intervention Program. Under this program, local committees composed of concerned parents work closely with the early childhood psychologist.

Table 7:

Total New Referrals Received by ECPs April 1, 1987 to March 31, 1988

Region	Number of new referrals
# 1 Swift Current	18
# 2 Moose Jaw	50
# 3 Weyburn-Estevan	30
# 5 Regina Rural	38
# 7 Rosetown	31
# 8 Saskatoon	30
#10 Yorkton-Melville	82
#11 Melfort-Tisdale	94
#12 Prince Albert	73
#13 North Battleford	108
Total	**554**

Speech and Language Pathology Services

Objective — to identify communication disorders and intervene as early as possible, through public education, diagnostic services, therapeutic services, counselling and consultative services. Speech-language pathologists offer services to people experiencing a delay or disruption in their ability to communicate orally, in terms of articulation, language, fluency or vocal quality. The delay or disorder may or may not be organically-based and can occur in isolation or in conjunction with other disabilities.

Most services are delivered in the health regions' central and district health offices. Although pre-school children are the priority, limited service is also provided to school-aged children and adults.

Table 8:

Health Regions, Speech-Language Pathology Caseload by Age Group Comparison, March, 1987 and March, 1988

	March, 1987		March, 1988	
	#	%	#	%
Pre-school	1,619	91	1,712	92
School Age	12	1	3	0
Adult	146	8	143	8
Total	1,777	100	1,858	100

Chiropody Services

Objective — to provide comprehensive footcare services to Saskatchewan residents.

Chiropody deals specifically with problems of the human foot by medical, mechanical and minor surgical means. Services are provided at 10 main chiropody clinics and 23 satellite locations throughout the province.

The service is primarily directed towards the elderly. However, all age populations have access to the service upon referral from their family physician, public health nurse or home care nursing co-ordinator.

Any Saskatchewan resident with a valid health services card is eligible to receive professional services at no charge. Where special footwear or orthotics are required, these are charged to the patient at the actual purchase price.

Chiropodists are also actively involved in providing educational and instructional services to health professionals, community groups and members of the general public upon request.

Table 9:

Health Regions Chiropody Program Caseload

	1987-88
New Patients	7,644
Return Patients	34,114
Total Patient Services	41,758
Active Caseload	15,288
No. of Orthotics Fitted	437

Community Therapy Services

Objective — To improve the dental health status of physiotherapy and occupational therapy service to rural Saskatchewan residents.

The community therapist offers service to rural hospitals, rural special-care homes, community health agencies, community groups and individuals in their homes. Any resident of rural Saskatchewan who has been referred by his or her physician and who has a valid health services card may receive therapy services without charge.

The Community Therapy program focuses on treatment of individuals, consultation and education. Education includes patient/family education, teaching and advising other health care professionals or caregivers and health promotion activities. As part of these activities, a televised workshop was held in the spring of 1988. The workshop, attended by 441 people, covered transfers, lifting and patient care techniques for caregivers working in rural hospitals, special-care homes and home care agencies.

In 1987-88 approximately 1,550 hours were spent on health education/promotion activities.

Table 10:

Community Therapy Services

A.	Patient Services	
	new referrals (1987-88)	5,188
	patient treatments	17,808
	average number of patients on treatment per month	1,038
B.	Facilities Receiving Regular Service March 31/88	
	rural hospitals	71
	rural special-care homes	74
C.	Communities receiving regular service	92

Dental Health Education Services

Objective — To provide comprehensive level of Saskatchewan children through a program of preventive education.

The primary target of the program, implemented in October, 1987, is school-age children. There were 809 schools participating in the program as at March 31, 1988.

A variety of creative learning activities is used to teach dental health including a demonstration on proper brushing and flossing techniques. In the 1987-88 school year the dental health educators provided two sessions with kindergarten and grade 1 classes and one session yearly with grade 3 and 4 classes.

Table 11:

Dental Health Education Services

(Services October 19, 1987 to March 31, 1988)

	Number of children participating
Pre-school	2,403
Kindergarten	16,975
Grade 1	16,550
Grade 3	16,533
Grade 4	15,930
TOTAL	68,391

Fluoride Mouthrinse Program

The use of fluorides is by far the most cost-effective preventive measure available. Under the Fluoride Mouthrinse Program, students rinse weekly with a .2 per cent sodium fluoride solution. Studies show fluoride mouthrinsing reduces decay by 40-60 per cent.

As of March 31, approximately 13,000 students in 119 schools were participating in the program.

Saskatchewan Hearing Aid Plan

Objective — To provide comprehensive audiological and technical support services throughout the province through hearing tests, provision of hearing aids where appropriate and technical support services when required.

Many of the plan's services are subsidized by the government for Saskatchewan residents with a valid health services card. The cost of hearing aids and related accessories are based on SHAP's costs and expenses and may change from year to year. The average cost of a hearing aid through SHAP was $185 in 1987-88.

Two main clinics in Regina and Saskatoon, full-time clinics in Moose Jaw, Yorkton and Prince Albert, as well as regularly scheduled part-time regional clinics provide services to Saskatchewan residents. Audiologists perform hearing tests on patients of all ages starting as young as two to three months. Audiometric technicians assist in fitting hearing aids and providing follow-up services.

SHAP continues to provide FM hearing aids (auditory trainers) to hearing impaired pre-school children.

SHAP audiologists maintain an ongoing working relationship with Saskatchewan Education, local school boards, hearing consultants, the School for the Deaf, pre-school rehabilitation programs, speech-language pathologists, public health nurses and a variety of medical sources.

Repair service is available for hearing aids purchased from SHAP or from other sources. Minor repairs are provided free of charge, while major repairs are done at a reasonable cost. Loaner aids are available at no charge to the patient.

Table 12:

Saskatchewan Hearing Aid Plan Services

	1987-88
Total	**29,404**
Audiological evaluations	8,758
Hearing aid evaluations	4,371
Hearing aid checks	1,627
Drop-in services	14,648

Saskatchewan Aids to Independent Living Plan

Objective — To provide aids and services to the handicapped and disabled residents of Saskatchewan.

Saskatchewan residents who possess a valid Saskatchewan health services card and who are referred to the plan by certain health professionals are eligible for registration with the SAIL program.

In 1987 a number of changes to the SAIL program were implemented by the department, the highlights of which are as follows:

- In August 1987 responsibility for administration of the Special Needs Telephone Program was transferred from SAIL to SaskTel.

- In August 1987 responsibility for administration of the provincial Home Oxygen Program was transferred from the Saskatchewan Prescription Drug Plan to SAIL.

- In September 1987 responsibility for the acquisition, warehousing, distribution and repair of braillers, player-recorders and talking book machines was transferred from SAIL to the Saskatchewan Division of the Canadian National Institute for the Blind (CNIB) under contract between Saskatchewan Health and the CNIB. Funding for the delivery of these services is provided to the CNIB by SAIL.

- In September 1987 responsibility for the equipment acquisition, warehousing, distribution and repair functions related to wheelchairs, ambulatory aids and environmental aids was transferred from SAIL to the Saskatchewan Abilities Council under contract between Saskatchewan Health and the Council. Funding for the delivery of these services is provided to the Council by SAIL.

In 1987-88 SAIL continued to directly deliver or fund the delivery of the following services to Saskatchewan residents:

Universal equipment services

— wheelchairs, ambulatory aids, environmental aids and respiratory equipment on a free-loan basis for as long as required

— cost coverage for the manufacture and repair of prosthetic and orthotic appliances which were manufactured at the approved provincial workshops

Special benefits services

In addition to the universal equipment services, the SAIL Plan administers the Special Benefits programs for individuals who are handicapped or disabled because of specific diseases. These services include:

— cost coverage of disease-related non-formulary drugs (including the prescription dispensing fee)

— cost coverage of disease-related medications and supplies

— specialized equipment required by the blind

— specialized equipment not included under the universal program

Table 13:

Saskatchewan Aids to Independent Living Plan Services

Equipment group	Equipment issues 1987-88
Total	28,335
Wheelchairs	3,214
Other mobility aids	6,586
Environmental aids	18,535

Central Consultative Services

Medical

Objective — To provide expert medical consultation to physicians, public health nurses, medical health officers and other related agencies regarding child health, communicable disease and immunization programs. The medical consultant acts as liaison with other levels of government, community agencies, health professionals, hospitals and the general public.

Activities include providing technical information along with consultation and advice on health and health-related matters, attending public meetings, speaking engagements and conducting educational seminars for branch and other agency staff.

A Medical Advisory Committee provides to the branch director medical advice and recommendations on medical issues affecting community health services.

Rheumatic Fever Prophylaxis Program

Penicillin, sulfadiazine or erythromycin is offered to all known sufferers of rheumatic fever as a prophylactic against further streptococcal infection. Antibiotics are continued for a period of five years if no carditis occurs, or for life, if, in addition, rheumatic heart disease is present. Certain groups whose profession puts them at risk, such as nurses and teachers, are continued on the program even if there is no carditis. Currently 540 people are on the program compared to 539 in 1987.

Administrative Support Services

The central office provides administrative support services such as personnel administration, budget allocation, expenditure control and the development of data collection and reporting systems to regional health programs.

The Administration Division is responsible for co-ordinating the development of the branch budget and establishing procedures for monitoring expenditures and funds, along with the acquisition of necessary materials and supplies.

Finance

Actual revenue and expenditures for 1986-87 and 1987-88 are shown in tables 15 and 16.

Table 14:

Staffing

Approved Person Year Distribution
Community Health Services

Organizational Unit	1987-88
Total	409.5
Health Regions	300.3
Community Therapy	16.0
Dental Health Education*	19.0
Health Services Program	4.0
General Administration	25.4
Sask. Hearing Aid Plan	26.8
Sask. Aids to Independent Living	18.0

* Dental Health Education commenced October 19, 1987.

Table 15:

Revenue, Community Health Services, 1986-87 and 1987-88

Revenue	1986-87	1987-88
Total	$1,017,440	$1,512,040
Public Health Tax Levy*	307,100	307,100
Permits, licences	9,520	9,030
Chiropody	45,660	58,720
SHAP		
— Hearing aids	587,170	744,000
— Hearing aid batteries	164,770	78,950
— Hearing aid moulds	41,000	43,260
— Hearing aid repairs	88,560	89,610
— Third party recoveries	117,100	141,500
— Auditory trainers	4,980	2,940
— Hearing aid accessories	14,000	12,650
SAIL		
— Commodity sales	28,440	24,280
— V.R.D.P.**	(390,860)***	—

* *The Public Health Levy is collected and deposited by Saskatchewan Revenue and Financial Services*

** *Vocational Rehabilitation: Other Disabled Persons*

*** *Overpayment from previous years*

Table 16:

Expenditure, Community Health Services 1986-87 and 1987-88

Distribution	1986-87		1987-88	
	Expenditure	Per cent	Expenditure	Per cent
Total	$26,388,280	100.0	28,333,870	100.0
Health Regions	11,516,550	43.7	10,812,300	38.2
Community Therapy*	244,410	0.9	839,580	3.0
Medical Services Division	4,254,360	16.1	4,310,800	15.2
General Administration	1,653,580	6.3	1,344,940	4.8
Grants to other health agencies	2,039,570	7.7	2,637,320	9.3
Dental Health Education**	—	—	347,410	1.2
SHAP	1,896,120	7.2	1,853,290	6.5
SAIL	4,783,690	18.1	6,188,230	21.8

* *Program introduced October 1, 1986*

** *Responsibility transferred to CHSB, Sept. 1, 1987*

2. Mental Health Services

Objectives

To provide community mental health services which promote mental health and emphasize early identification of mental health problems and treatment in the community, and to encourage individual and community responsibility and participation in meeting mental health needs through services provided without disrupting people's normal daily activities and routines, by providing a variety of clinical and consulting services in the community and a range of day, evening and overnight services. Hospital services are available as a specialized support to the community program, but are provided only when necessary and for as brief a time as possible.

The Saskatchewan approach to mental health services is based on the principle that a full range of direct and supportive mental health services should be available to all residents of the province in their own communities or within reasonable travelling distance of their homes. Consistent with this approach, comprehensive mental health services are provided in each of the eight mental health regions. Developments in the distribution of services have allowed the regions to become nearly self-sufficient in dealing with their own community mental health needs.

The Mental Health Services Branch endeavors to measure the efficiency and quality of its programs to determine the impact of a program in the community. Measures are being incorporated into programs to ensure that maximum benefit is derived from resources allocated to the branch and that the highest quality of mental health services is available to Saskatchewan residents.

Highlights

- Facing a number of challenges and changes, the Mental Health Services Branch achieved an overall increase in the provision of services. A broadly-based program review was undertaken to meet the increased service demands. As a result of internal reprioritization, basic services and quality overall regional services were maintained.
- Four mental health regions were reviewed by the Canadian Council on Hospital Accreditation in 1987-88. Yorkton, Swift Current, Moose Jaw and Battlefords regions were successful in obtaining accreditation.
- Increased efforts were directed at improving communication and co-ordination with a number of governmental and non-governmental agencies. As an example, a Co-operative Services Agreement was signed with the Community Living Division of Social Services to establish a joint planning and management structure to provide services to autistic persons and their families. Two new interagency planning and co-ordinating committees were established with respect to family violence.
- The Psychiatric Research Division was transferred to the University of Saskatchewan on July 1, 1987. The branch provides an annual grant-in-aid to the university which supports neuropsychiatric and applied psychiatric research.

Organization

The Mental Health Services Branch service delivery system is organized on a regional basis.

Programs in each of the eight mental health service regions are managed by chief executive officers who report to the branch executive director. Central office is responsible for overall administration, program direction and general policy formulation.

Figure 3. Mental Health Services

March 1988

Services and Activities

Objective

To be involved with all aspects of mental health throughout the province. Activities can be grouped into four major areas: clinical services; day hospital, rehabilitation and vocational services; residential services; and research, education and health promotion.

Improved access to services has been emphasized in Saskatchewan's eight mental health regions. The staff of each region is drawn from all of the major mental health disciplines. Services are provided by a network of full- and part-time mental health clinics. Each region has designated psychiatric beds, approved and group homes for clients in need of sheltered living accommodation, and day hospital and/or day vocational programs. The Saskatchewan Hospital in North Battleford accepts a small number of patients from other regions. Its primary role is to provide a long-term care facility for chronic patients, most of whom were admitted more than two decades ago.

The Mental Health Services Branch also plays an important role in developing services in both the public and private sectors. The branch provides ongoing funding to private organizations and self-help groups and offers consultation and support to facilities such as nursing homes and chronic care hospitals. Branch staff also play an active role in voluntary organizations which seek to develop services for the mentally ill and to increase public awareness of issues relating to mental health. Liaison with government and private agencies is sought at both regional and central levels.

Clinical Services

Objective

To provide direct and indirect clinical and consulting services for people of all ages through diagnostic and treatment services for community clients, in-patient services, consultation and support services to other community agencies, and assessment services for the courts.

Services to Community Clients

In 1987, 16,610 individuals and 164 families (16,774 total) who were registered as clients received services from the Mental Health Services Branch. These statistics represent an increase of 4.5 per cent over the previous year.

In 1987, a total of 175,421 individual and family contacts were reported. On average, each registered family and individual was seen 10.5 times during the year. An additional 30,653 clinical services were provided to or on behalf of persons who were not registered as clients. In total, 206,074 recorded clinical services were provided by branch staff. These statistics average a 13.2 per cent increase over services provided in 1986.

Table 17:

Community Clients by Mental Health Region 1986 and 1987

Mental Health Region	1986		1987	
Total	16,054	(161,310)	16,744	(175,421)
Battlefords	1,994	(22,596)	2,029	(30,504)
Moose Jaw	1,064	(15,748)	1,344	(14,457)
Prince Albert	2,623	(17,337)	2,846	(19,426)
Regina Mental Health Clinic	2,746	(31,814)	2,562	(30,458)
Child & Youth Services	1,214	(7,262)	1,260	(7,591)
Saskatoon Mental Health Clinic	1,568	(13,054)	1,533	(12,345)
MacNeill Clinic	1,166	(8,069)	1,362	(10,240)
Swift Current	824	(9,194)	836	(8,871)
Weyburn	1,328	(20,723)	1,583	(26,182)
Yorkton	1,527	(15,513)	1,419	(15,347)

- *Community Clients include persons of all ages as well as registered families.*
- *Numbers of community services are indicated in parentheses.*

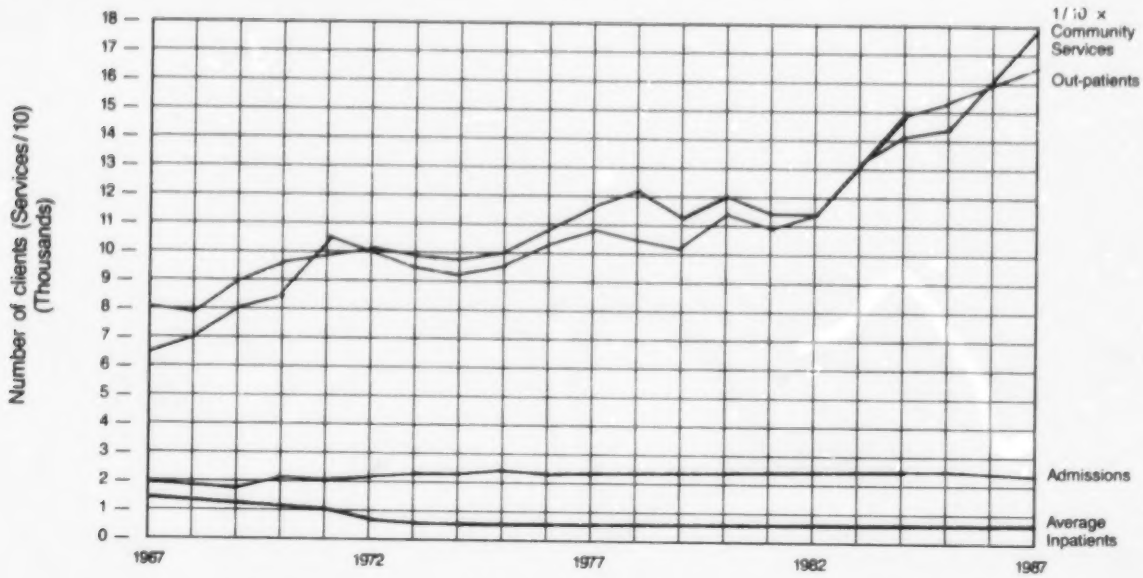
In-patient Services

The average lengths of stay of patients separated from psychiatric wards in general hospitals, from other mental health centres, and from the Saskatchewan Hospital in 1987 were 24.3, 27.8 and 2,984.2 days respectively. The longer stay in the latter facility reflects the large number of long-term in-patients whom it treats.

In addition to the facilities operated by the Mental Health Services Branch, the City and University Hospitals in Saskatoon and the Pasqua and Regina General Hospitals in Regina operate designated in-patient units. The branch is not directly involved in the operation of these facilities. However, it does participate in the appointment of chief psychiatrists and in assuring that involuntarily admitted patients have access to appeal procedures. Branch staff also provides out-patient services to patients discharged from such facilities.

Figure 4: Mental Health Services

Changes In Service Volumes 1967 - 1987



NOTE: current Mental Health Services Branch facilities only.

Table 18:
Mental Health Services Comparative In-patient Statistics 1986 and 1987

In-patient Mental Health Facility	1986			1987		
	Total Admits	Average Census	Average Stay	Total Admits	Average Census	Average Stay
Battlefords Mental Health Centre	247	24.6	50.9	267	20.1	44.1
Moose Jaw Mental Health Centre	307	13.4	15.9	336	15.5	16.6
Prince Albert Mental Health Centre	1,084	48.5	15.9	1,026	48.8	17.9
Swift Current Psychiatric Ward	199	12.9	22.0	180	10.2	20.9
Weyburn Mental Health Centre	198	26.6	44.5	209	29.9	47.9
Yorkton Mental Health Centre	422	35.2	29.4	349	27.6	45.6
Total — Centres and Wards	2,457	161.3	24.5	2,367	152.1	27.8
Saskatchewan Hospital North Battleford	16	195.1	5,856.2	18	189.6	2,984.2
Total — All In-patient Facilities	2,473	356.3	74.1	2,385	341.7	53.4

Table 19:

In-patient Movements in Mental Health Services Facilities During 1987

	Mental Health Centres				Psychiatric Wards		Sub-Total		
	Battlefords	Prince Albert	Weyburn	Yorkton	Moose Jaw	Swift Current	Centres and Wards	Sask. Hospital	Total
Psychiatric Beds	32	60	45	48	20	14	219	209	428
In care on January 1, 1987									
in hospital	14	41	19	36	13	12	135	186	321
on leave	23	0	6	0	0	0	29	9	38
Total	37	41	25	36	13	12	164	195	359
Admissions during 1987									
first admissions	155	298	78	135	116	81	863	8	871
re-admissions	112	728	131	214	220	99	1,504	10	1,514
Total	267	1,026	209	349	336	180	2,367	18	2,385
Separations during 1987									
discharges	269	1,033	213	358	340	181	2,394	16	2,410
deaths	1	0	2	1	0	0	4	5	9
Total	270	1,033	215	359	340	181	2,398	21	2,419
In care on December 31, 1987									
in hospital	19	34	15	25	9	11	113	185	298
on leave	15	0	4	0	0	0	19	7	26
Total	34	34	19	25	9	11	132	192	324
Involuntary patients during 1987*	74	121	37	57	54	30	373	9	382
Total number of patient days	7,320	17,811	10,920	10,075	5,646	3,733	55,505	69,208	124,713
Average daily patient census	20.1	48.8	29.9	27.6	15.5	10.2	152.1	189.6	341.7
Average length of stay in days	44.1	17.9	47.9	45.6	16.6	20.9	27.8	2,984.2	28.7

* Involuntary patients include persons made involuntary after admission as well as admissions under the authority of orders and warrants.

Community Services

Objective

To provide support for individuals, families and community groups through the involvement of Mental Health Services Branch staff, to encourage the development of community resources in co-operation and partnership with other public and private service delivery agencies, volunteers, consumer associations, professional organizations and individual practitioners, and thus to deliver community mental health services in the least costly and most effective way possible.

Major emphasis is placed on the creation of a wide range of diverse services to meet many different needs which allow individuals to remain in their home communities, keep their families intact and enhance the recovery process.

Examples of such services are:

1. Home-based programming, including home assessment, counselling and monitoring of medication by community mental health nurses;

2. Therapy groups focusing on stress, assertiveness, problem-solving and communication;

3. Specialized treatment services to batterers are available in Regina and Saskatoon. This service is also available in Moose Jaw, Prince Albert and Weyburn on an 'as required' basis and as resources permit.

Child and Youth Services

Objective

To provide services to children and youth which enhance the mental health of both the child and family, to prevent handicapping conditions through early detection and structured intervention, and to reduce the impact of emotional and mental disorder through direct treatment and family support. Co-ordination and consultation with other organizations serving children, youth and families are emphasized to help develop social networks and strengthen the response of communities.

Services are provided by multi-disciplinary professional teams in each mental health region. Specialized clinics in Regina and Saskatoon serve as major referral centres.

The branch also provides mental health assessment and consultation services to young persons referred by the courts under The Young Offenders Act.

Table 20:

Children and Youth Receiving Community Services by Mental Health Region, 1986 and 1987

Mental Health Region	1986		1987	
Total	3,855	(25,037)	4,276	(28,895)
Battlefords	262	(1,590)	362	(2,099)
Moose Jaw	138	(766)	143	(649)
Prince Albert	484	(2,173)	547	(2,471)
Regina Mental Health Clinic	28	(119)	15	(87)
Child & Youth Services	1,180	(7,079)	1,218	(7,334)
Saskatoon Mental Health Clinic	30	(156)	33	(134)
MacNeill Clinic	1,129	(7,796)	1,313	(9,798)
Swift Current	160	(1,190)	140	(769)
Weyburn	228	(2,719)	284	(4,184)
Yorkton	216	(1,449)	221	(1,370)

- *Persons 17 years of age and younger are considered to be children and youth.*
- *Numbers of community services are indicated in parentheses.*

Services to the Elderly

In 1987, 12.6 per cent of the Saskatchewan population were 65 or older. During the next 20 years, over 33,000 more people will become senior citizens. Most of the growth will be in that segment of the population 80 years of age and older, a group particularly vulnerable to mental and physical disorders.

At present, the Mental Health Services Branch sees elderly patients roughly in proportion to their frequency in the population. For example, in 1987, 1,803 elderly out-patients were seen and 460 were admitted to psychiatric in-patient facilities.

As well as providing direct services to clients, the Mental Health Services Branch provides consultation and advice to other agencies. The inclusion of Continuing Care in Saskatchewan Health in 1983 has created a closer working relationship with this branch on the management of clients with behavioral disorders who are cared for in special-care homes and Level 4 facilities.

Table 21:

Persons 65 Years of Age and Older Receiving Community Services by Mental Health Region, 1986 and 1987

Mental Health Region	1986		1987	
Total	1,747	(21,496)	1,803	(21,656)
Battlefords	261	(2,988)	245	(2,450)
Moose Jaw	175	(3,186)	228	(3,104)
Prince Albert	274	(1,716)	252	(1,892)
Regina	203	(2,723)	168	(2,675)
Saskatoon	152	(1,432)	135	(1,206)
Swift Current	130	(1,697)	155	(2,008)
Weyburn	280	(4,711)	362	(5,856)
Yorkton	272	(3,043)	258	(2,465)

- *Numbers of community services are indicated in parentheses.*

Forensic Psychiatry

Objective

To provide services requested by the court. All regions accept persons referred for assessment by the courts. Most assessments are conducted on an out-patient basis. Some are undertaken in in-patient facilities while others take place in detention units and correctional centres. When maximum security facilities are required for assessment and psychiatric treatment, persons are referred to the federal government's Regional Psychiatric Centre in Saskatoon.

Treatment of Offenders

Objective

To provide offenders charged under the Criminal Code with mental health services. Treatment services are frequently recommended by the courts and may be made a condition of probation orders. A limited number of offenders are treated in the in-patient facilities operated by the branch. When more security is required than an in-patient facility can reasonably provide, other facilities, such as the Regional Psychiatric Centre, are used.

Order-in-Council Patients

Some patients are detained in psychiatric and other treatment facilities under provisions of the Criminal Code. When persons are found "unfit to stand trial" or "not guilty by reason of insanity," they may be detained in custody under the authority of a warrant of the Lieutenant-Governor of Saskatchewan (an Order-in-Council). There were no new warrants issued, and one patient was released from Order-in-Council status. The 22 persons in care on December 31, 1987 are described as follows:

	Total	Male	Female
Total	22	20	2
Unfit to stand trial	7	6	1
Not guilty by reason of insanity	15	14	1

An Advisory Board of Review reviews the status of all persons detained under Orders-in-Council. Two reviews are conducted each year, and recommendations are forwarded to the Lieutenant-Governor-in-Council.

Rehabilitation and Support Services

Objective

To facilitate the recovery of people disabled by a psychiatric disorder and to support their efforts to live a normal and productive life.

The occurrence of a serious psychiatric disorder often has disastrous consequences for individuals and their families: alienation, family breakup, and loss of friends, employment, reputation, and self-confidence. Normal self-reliance and the capacity to deal with life circumstances are replaced by dependency on medications, professional staff and social and welfare services. Rehabilitation services are designed to re-establish lost skills and abilities, reduce the level of dependency, support individuals in times of crisis, develop their potential for employment, and stabilize the living environment in order to improve their mental health and speed the recovery process. The Mental Health Services Branch provides a wide range of rehabilitation and support services across the province via its own regional services network and through funded non-governmental organizations.

Members' Clubs

The Mental Health Services Branch encourages and financially supports the development of "members' clubs" based on the Fountain House model. These psycho-social rehabilitation programs give recovering patients a sense of belonging and provide a variety of personal, social, educational, and vocational services, as well as the opportunity for self-help, independence and community participation. In 1987, there were five members' clubs in Saskatchewan with a combined membership of more than 1,000 people: Crocus Co-op (Saskatoon), By Ourselves (Regina), THE Club (Regina), SHARE (Prince Albert), and Portage (North Battleford).

Mental Health Association in Saskatchewan

The largest and most active of the community organizations engaged in the provision of rehabilitation services is the Mental Health Association, which has 13 local chapters in Saskatchewan and 1,000 active members and volunteers. It operates community service centres for recovering patients in Saskatoon, Regina, Moose Jaw, Swift Current, Yorkton, Weyburn, North Battleford and Kindersley. Other programs and projects include Community Friends, summer camping, life skills and training on the job, job clubs, work placement, social action, service planning and public education.

Self-Help Groups

The Mental Health Services Branch provides encouragement to a growing number of self-help and mutual aid groups, such as the Alzheimer's Association, Agoraphobics Society and Friends of Schizophrenics. An example of an innovative and successful program is operated by societies for autistic children in Regina and Saskatoon. They offer home-based family support programs that have prevented the institutional placement of children with autism and related disorders.

Day Hospitals and Vocational Training

Each of the ten in-patient hospital units in the province has a therapeutic activation program associated with it where recovering patients can engage in arts and crafts projects, group therapy and other social/recreation activities. People residing in the community after a period of hospitalization can continue to participate in these therapy programs as out-patients. The Saskatchewan Hospital North Battleford has very diverse therapy, vocational training and work placement programs. Province-wide, approximately 10 per cent of the 1,800 people attending the sheltered workshops in the province are disabled by a mental illness.

Individual Support Services

Mental Health Services Branch field staff is engaged in a wide variety of essential services which support community living for many long-term disabled persons. These services include case management functions such as medication management, residential placement, treatment follow-up, client tracking, crisis intervention, individual and family counselling, program planning and service brokering. The goals of these services are to prevent re-hospitalization, stabilize the lives of recovering patients and promote healthier lifestyles.

Crisis Management Programs

Mobile crisis teams operating in Regina, Saskatoon and Prince Albert and mental health centres throughout the province, carry a crisis intervention role in co-operation with the Department of Social Services, police and community agencies. In Regina and Saskatoon, the Mental Health Services Branch also funds crisis management programs designed to provide extra support to a small group of difficult-to-manage clients who are frequently involved with the police, hospitals, social services, the justice system and other agencies.

Residential Services

Objective

To provide support and guidance in daily living through a continuum of residential services. Services include approved homes and group homes, as well as supervised apartment-living programs. Payment for some of these services is on a fee-for-service basis, using rates established under the Saskatchewan Assistance Plan while others are funded by grants provided by Saskatchewan Health.

Approved Homes

Family homes may be licensed under regulations in The Mental Health Services Act to provide a supportive residential environment in the community for a maximum of five individuals who require assistance in daily living. Approved homes are used by Mental Health Services Branch and comprise the greatest number of spaces in the residential continuum. These homes are evaluated regularly to ensure that acceptable physical standards and levels of care are being provided.

On December 31, 1987, there were 213 approved homes with a total approved capacity for 748 guests.

Group Homes

Group homes are established by volunteer community boards. They offer a high staff-to-client ratio within a family-type setting. There are 12 homes in operation throughout the province: three in Regina, two each in Saskatoon and Battlefords regions, and one in each of the remaining five mental health regions.

Supervised Apartment Living

In conjunction with the establishment of Group Home Programs, five volunteer boards have established supervised apartment-living programs, adding another dimension to the total continuum of residential services. A total of 85 apartment living spaces exist in the Regina, Saskatoon, Moose Jaw, Yorkton and Prince Albert regions.

Research, Education and Health Promotion

Objective

To provide basic and applied research aimed at gaining a better understanding of the nature of mental illness and the factors that give rise to mental and emotional disturbances, and to evaluate the effectiveness of services and service delivery systems.

All regions are involved in professional education. As well as seeking to maintain and improve the skills of staff, the branch provides training opportunities for students in most of the mental health professions.

Public education in the areas of mental health and mental illness is viewed as an important part of regional programs. Efforts are being made to increase the emphasis given to mental health promotion and primary prevention through initiatives such as the Community Liaison Worker Program in the Swift Current and Prince Albert regions. The program employs local citizens in a number of small, rural communities to provide public information, referral and liaison with the Swift Current and Prince Albert Mental Health Centres. The intention of the program is to improve service accessibility and continuity for rural residents, and to assist regional staff in defining and meeting community mental health education needs.

Personnel

On March 31, 1988, the Mental Health Services Branch had 661 established staff positions. Included in those positions are 24 psychiatrists employed on a contractual basis.

The professional staff in each of the eight mental health regions include social workers, community mental health nurses, psychiatrists, psychologists, psychiatric nurses and occupational, recreational and adjunctive therapists. Approximately 220 of these employees work primarily with community-based programs. Although most staff are based in or near the major mental health facilities, an effort is being made to improve the accessibility of services by locating workers in outlying areas. Accordingly, professional staff are currently stationed in the eight main centres as well as in Meadow Lake, Lloydminster, Humboldt, Kindersley, Rosetown, Melfort, Estevan, Moosomin and Nipawin.

Table 22:

Summary of Established Positions, Mental Health Services March 31, 1988

Position Classification	Total Positions	Central Office	Research	Regional Programs	Sask. Hospital
Total	661*	18	4	417	222
Psychiatrists	37*	—	—	37*	—
Other physicians	1	—	—	—	1
Psychologists	51	1	—	50	—
Social workers	62	—	—	61	1
Community mental health nurses	49	—	—	49	—
Nurses	279	—	—	139	140
Therapists	28	—	—	20	8
Laboratory/Technical/Treatment and care	13	2	3	5	3
Administrative and clerical	87	15	1	55	16
Institutional support	54	—	—	—	54

* *Includes 24 contract positions.*

Finance

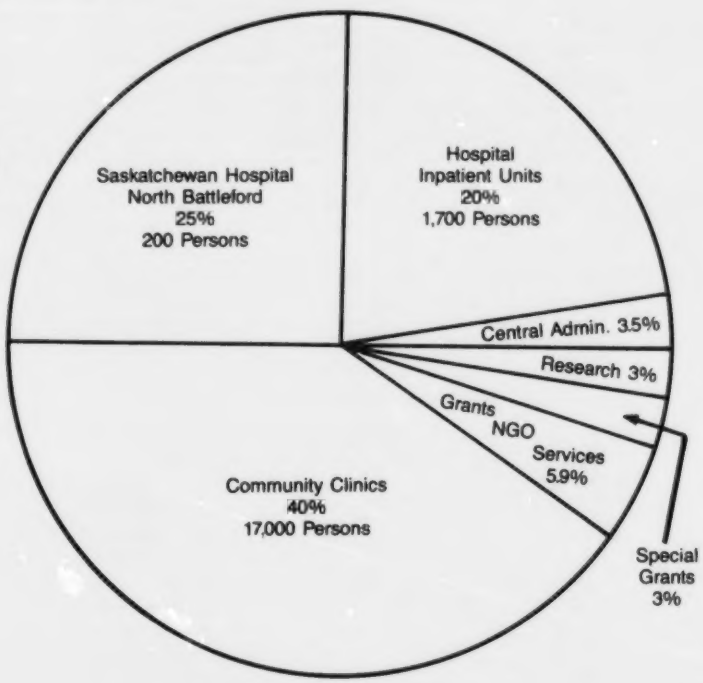
Revenue – Collections from Estates

Mental health services are provided without charge to Saskatchewan residents. Prior to April 1, 1986, when the Mental Health Services Act was proclaimed in force, the previous Mental Health Act made provision for claims to be made against the estates of deceased persons who received care in certain provincial institutions prior to May 1, 1979. The allowable claim was $5 per day of care. Certain beneficiaries of estates residing in Saskatchewan were exempt from these claims, including father, mother, husband, wife, child, brother and sister. Other exemptions were considered under certain circumstances defined in the old Act. Six claims which were initiated under the old legislation prior to April 1, 1986 resulted in collection of $79,750.48 during 1987/88.

Expenditures

Total provincial expenditures by the Mental Health Services Branch for the fiscal year ending March 31, 1988 amounted to $29,702,016. Distribution was as follows:

Figure 5: Mental Health Distribution of Funding



Distribution of Funding
Actual 1987 - 88 — $29.7 million

Regional Highlights

Battlefords

Service levels to the community were maintained during a year of change and transition which included the early retirement of 49 staff.

Saskatchewan Hospital North Battleford was added to the residency training program for psychiatrists by the Department of Psychiatry, University of Saskatchewan.

Moose Jaw

The Moose Jaw Mental Health Centre received its first accreditation by the Canadian Council on Hospital Accreditation in August for a two-year term. The program was commended by the surveyors.

The number of in-patient and out-patient services increased significantly during 1987-88.

Prince Albert

The region was selected as one of the three Canadian sites by the Canadian Mental Health Association for conducting a three-year pilot project, demonstrating the empowerment of consumers and improvement of community capacity to support and integrate persons with mental illnesses.

The Prince Albert Mental Health Centre became a placement training centre for SIAST Wascana Campus psychiatric nursing students in 1987.

Regina

A Family Education and Support Group was established for persons disabled by mental illness and their families.

The Batterers' Treatment Program showed a 30 per cent increase over 1986.

Saskatoon

The executive director initiated a broadly-based program review of Mental Health Services Branch's operations and other mental health programs serving the Saskatoon region.

Program expansion occurred in the areas of farm stress, child and youth services and family violence.

There was a significant increase in the number of new cases referred and the total number of children and families seen at MacNeill Clinic.

Swift Current

The region received another two years of accreditation from the Canadian Council on Hospital Accreditation.

The region initiated an important Family Education and Support Group for persons disabled by mental illness and their families.

Weyburn

The level of service to clients increased significantly during 1987-88.

The region hosted the 1987 Clinical Conference which was organized on the theme of Serving the Difficult-to-Serve Client. Guest speakers were Dr. Raymond Ancill from Vancouver and Dr. George Voineskos from Toronto. There was strong representation from a wide variety of agencies.

Yorkton

The region streamlined its rehabilitation programs by combining the Day Program, Activity Program and Residential Follow-up into one program unit.

3. Northern Health Services

Objective

The mandate of the Northern Health Services Branch is to provide a wide range of health services to residents of northern Saskatchewan who are non-treaty, non-status or non-native origin.

Highlights

The branch moved to rationalize the routine and emergency travel for recipients of the Saskatchewan Assistance Plan through better control and closer scrutiny of expenses.

A scheduled system of visits to northern communities by LaRonge-based dentists, supervising nurses and other branch staff resulted in substantial savings to the branch and more reliable and predictable clinic dates for communities.

A dental health educator was appointed from existing staff to provide the North with consultative services, to assist with promotional activities and act as a resource person for northern schools.

Organization and Administration

The Northern Health Services Branch is headquartered in La Ronge and administers clinics in northern communities. Services are provided to residents either through resident health professionals or visiting service delivery personnel.

Where full-time clinics are maintained, the clinics may offer all or some of the following disciplines:

- primary care or public health nursing
- community mental health nursing
- public health inspection
- dental therapists and assistants
- visiting or resident physicians and dentists
- clerical and administrative support
- community health worker (contract employees)
- health education

Services and Activities

Public Health Inspection

Objective

To safeguard and improve public health and safety standards in northern Saskatchewan through educational programs, consultation, inspection of facilities and enforcement of regulations under the Public Health Act.

Services

During the year, public health inspectors conducted a total of 252 inspections and 734 field visits covering food and general sanitation. A total of 96 plumbing permits was issued and 272 operating permits for tourist camps, campgrounds, mobile home courts, motels, institutional camps, hotels and public eating establishments were issued.

Public health inspectors also conducted and/or assisted with a number of educational programs.

Dental Program

Objective

The objectives of the Northern Children's Dental Program are:

- to provide dental treatment to non-treaty children up to the age of 17 and to adults on an emergency basis through a regular program of services
- to provide the identical services to enrolled treaty children on a fee-for-service basis with charge-back to the Department of Indian Affairs
- to provide a level of service in the North more equitable with services that are commonly available in southern Saskatchewan
- to improve the overall dental health of northern people through treatment and education programs.

Staffing and Organization

Growing from one dentist and one dental team in 1973-74, the program is now staffed as follows:

1 director of Dental Services
1 supervising dentist
1 administrative officer
7 dental therapists
8 dental assistants

Dental teams are located in La Loche, Beauval, Cumberland House, Creighton, Buffalo Narrows, and two teams are located in La Ronge. Satellite clinics are operated in Turnor Lake, Ile-a-la-Crosse, Pinehouse Lake, Stony Rapids, Weyakwin, Pelican Narrows, Sandy Bay, Uranium City and Southend.

In order to maintain consistency with the southern Children's Dental Program, one dental therapist has assumed the additional duties of Dental Health Educator.

Services

A full range of diagnostic, restorative, surgical and preventive services are offered by Northern Health to northern patients. The largest percentage of the work is delivered by dental teams consisting of one therapist and one assistant supervised by a dentist. The responsibility for all initial examinations remains with the supervising dentist. Quality control is maintained by regular visits to each team and cases requiring treatment beyond the legal scope of the therapist and assistant are performed by the dentist.

Since 1984 it has become the preferred choice to locate dental clinics within schools. There are now nine school clinics and there will be more in future years. These relocations have greatly increased patient compliance and access to program delivery.

Research

A survey completed during the 1987-88 school year showed a 59 per cent reduction in the decay rate compared to a 1985 survey. The decay rate for children just entering the northern program, that is three and four-year-old children, averages about six decayed teeth per child. An intensive dental health program will be implemented together with a dental health education program during the 88/89 school year targeted at this age group to help reduce the decay rate.

Nursing Program

Objectives

- To promote the adoption of responsible, informed attitudes toward healthy lifestyles in the individual through the provision of public health programs.
- To provide quality primary care nursing services to the residents of those communities without a resident physician.
- To network with other departments, agencies and services to ensure comprehensive care is available to the individual throughout his life span.

Organization

The Nursing Program serves a population of nearly 30,000 residents of northern Saskatchewan. A continuing effort is being made to provide preventive health care through public health programming and health education. There are 11 primary care, seven public health and two supervisory nurses within the branch.

Nursing Component

Primary care nurses provide 24-hour health care services in the following communities: (Physicians also visit these communities on a regular basis.)

Table 23:

Health Centre Outpatient Clinic Attendance

Number of Patient Visits by Professionals

Location	Physician	Nurse	Total
Beauval	1,062	594	1,656
Buffalo Narrows	2,934	2,367	5,301
Cumberland House	4,994	3,429	8,423
Pinehouse	1,071	2,741	3,812
Sandy Bay	2,204	6,689	8,893
Stony Rapids	549	1,203	1,752
Total	12,814	17,023	29,837

Mobile tuberculosis clinics were held on eight occasions in Sandy Bay with a total of 413 patient contacts.

Public health and primary care nurses provide health education, health promotion and screening programs. The pre-school care program includes developmental, speech and language, nutrition, hearing and physical assessments and immunization. Other public health components include:

- school programs including immunization, vision screening, speech services and educational programs
- diabetic education classes
- well elderly clinics
- breast self-examination and pap smear clinics
- communicable disease follow-up
- public health programming in outlying communities
- public relations and liaison with community health committees, local councils and other community agencies
- co-ordinating of medical transportation

Table 24:

Selected Public Health Statistics

Prenatal classes conducted	89
Mothers attending	255
Fathers attending	91
Postnatal home visits	305
DPT and OPV series completed	413

Health Education Program

In November, 1987, an existing health educator position was transferred to Buffalo Narrows from La Ronge. Emphasis of the program was shifted to schools and meeting teacher requests although responsibility for initial and ongoing training of community health workers was retained.

During the year a series of radio spots on various health topics was prepared for local broadcasters for translation into Cree and Dene. Regular distribution of health information materials was accomplished from La Ronge and several workshops were conducted.

The Health Education Program has two full-time positions.

Mental Health Services

Objective

- To provide assessment, intervention, planning and counselling to people with a broad range of social, emotional and mental health problems.

Services

By March, 1988, staffing of the Mental Health program was at full complement after a significant recruitment effort to replace community mental health nurses who had retired and the program director who had resigned to take up another position. The program is now staffed by a director and two community mental health nurses. In addition, the services of a visiting mental health team have been added to replace the visiting services of a psychiatrist. The mental health team, which consists of a psychiatrist, a psychologist and a psychiatric social worker, provides eight hours per month in La Ronge and two days every three months in Creighton.

Workshops were conducted on assertiveness training, stress management and mental illness. Counselling, support therapy, medication review, follow-up and a referral service have been provided from La Ronge.

Home Care Program

There are nine home care boards responsible for delivery of services in 13 communities. There is an emphasis on board and staff development training. Two board training workshops and one manager training workshop were conducted in 1987-88 with funding assistance from Saskatchewan Education.

Each Home Care board provides a combination of the following services: homemaking, personal care, home maintenance, meals, nursing, transportation, recreation and physiotherapy, depending on local needs and priorities.

Home Care Funding

Northern Health Services Branch paid a total of $637,680 in grants to the home care corporations in the 1987-88 fiscal year, up from $596,386 in the previous year.

Highlights

A second permanent consultant position was filled in March, based in Beauval. This position offers five boards a full range of consultant services.

Twelve homemakers graduated in April from the SIAST Home Care Service Worker course held in Buffalo Narrows. A pre-employment program will be offered in Creighton to establish a pool of trained home care workers. Assessment training was held during the year and a system of financial and budgetary reporting forms were developed.

Northern Medical Services

A contractual arrangement was continued during the fiscal year with the University of Saskatchewan to provide for physician services to the West Side and Athabasca basin. There has been marked progress in attracting and retaining qualified physicians who provide a range of services to the residents of these two areas.

In addition to the physician services, there are also arrangements for administrative and clerical support as well as community-based services including visiting specialists to communities and clinics.

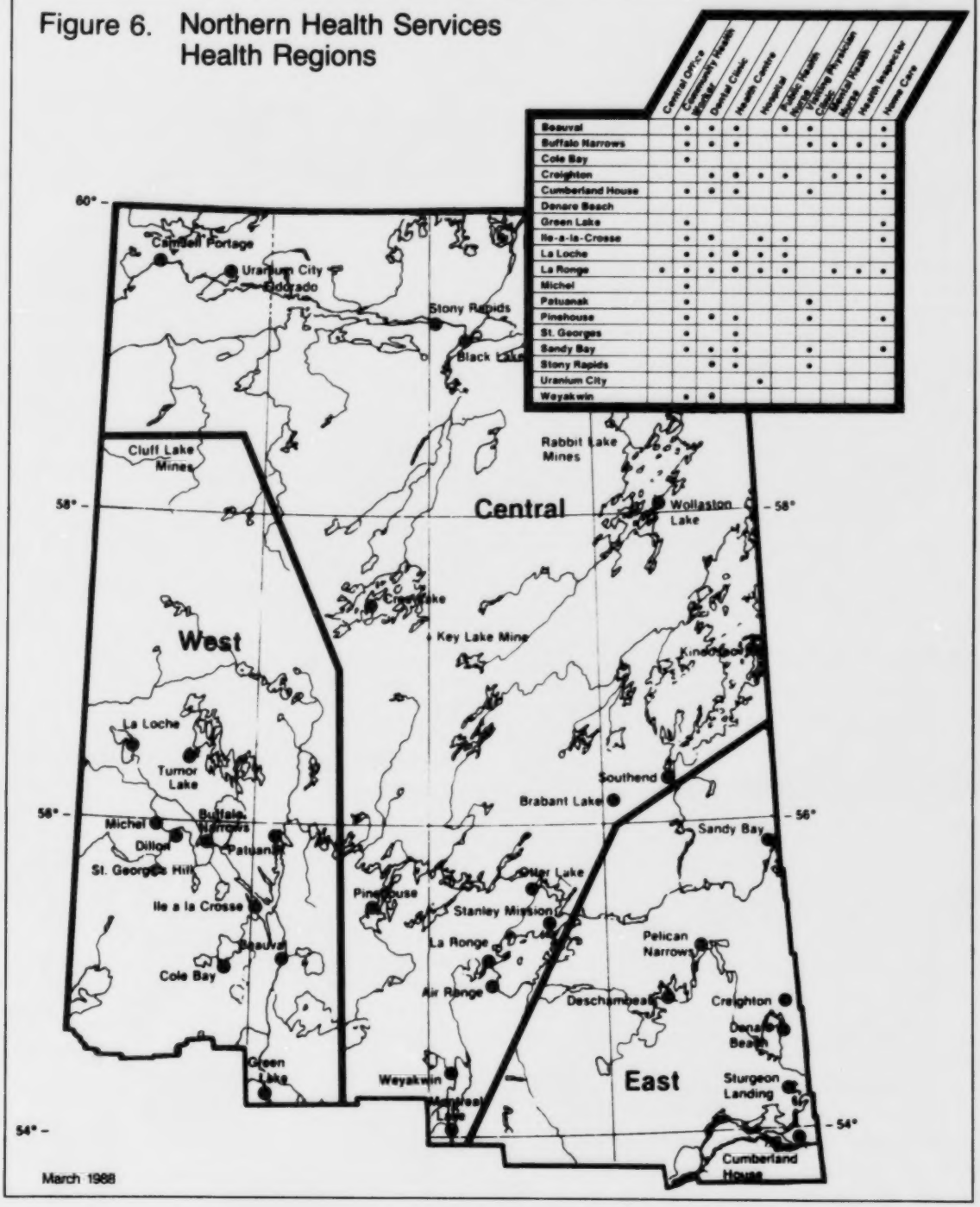
Community Health Workers

The Community Health Worker program is a community-based group of contract personnel who work with residents and the department. The CHWs are trained in providing services in basic health education in homes and schools. They provide interpretation and translation services and act as liaison people between health professionals and the community.

The Community Health Worker is an employee of the individual council under contract to the department. The branch administers funding and provides monitoring and direction for the individual workers.

CHWs are based in La Loche, Buffalo Narrows, Michel Village, St. Georges Hill, Ile-a-la-Crosse, Cole Bay, Patuanak, Beauval, Green Lake, Pinehouse, Air Ronge, Weyakwin, Sandy Bay and Cumberland House.

Figure 6. Northern Health Services Health Regions



4. Health Promotion

Objectives

To reach the goal of positive health behavior in Saskatchewan residents, the branch has the following objectives:

- To integrate health promotion closely with executive decision-making processes within the department.
- To develop a health promotion strategy as part of an overall department philosophy on public education.
- To provide resources and professional materials for department staff throughout the province, and for health professionals and educators outside the department.
- To develop an annual health promotion plan.
- To administer an inventory and distribute all department pamphlets and brochures.

Organization

The Health Promotion Branch was formed in November, 1987 following a reorganization of the Communications and Health Education Branch. The Health Promotion Branch has two divisions: Education Services and the Resource Centre.

Education Services

The Education Division provides co-ordination and direction to department health promotion programs. Staff of this division provide consultative and support services to health professionals and educators within the department, in other government departments and other organizations which provide health information and education.

Programs of this division include a non-smoking program in Saskatchewan schools, Minister's Commendation Certificates for people who quit smoking, employee fitness, and healthy lifestyles public education.

During 1987-88, the division was involved in three major areas:

1. National Non-Smoking Program

Saskatchewan Health participates in the national program to reduce tobacco use in Canada. The Health Promotion Branch ensures that non-smoking efforts fall within the strategies developed at the national level.

2. AIDS

In an attempt to control and reduce the incidence of AIDS, a training manual was developed and more than 100 volunteer resource speakers were trained to reach communities throughout the province.

3. Public Education

Branch staff participated in 58 workshops, resource speaking engagements, and conferences on topics covering self-esteem, lifestyle management, physiological effects of smoking, and AIDS. An additional 15 workshops were held throughout the province to train approximately 450 teachers in the use of the PAL smoking prevention program.

Resource Centre

The Resource Centre provides research and information services to department personnel, allied health professionals, and students via direct access and inter-library loans.

The inter-library loan service continues to utilize electronic messaging for conveying requests. Turnaround time has decreased by 50 per cent.

Computer searches continue to be an essential service of the Resource Centre.

As a member of the Health Sciences Library Council, the Resource Centre participated in the revision of their Union List of Serials. This list contains the serial holdings of all member libraries and is now a valuable service tool for the Resource Centre.

Education and Resource Centre Activities

Workshop speaking engagements	73
Resource Consultations	214
Resource Material Requests	1,218
Library Loans	7,238
Inter-library Loans	3,376
Library Acquisitions	1,200
Reference Requests	822
Computer Searches	105
Audio Visual Equipment Loans	548

Child and Youth Safety Committee

The Child and Youth Safety Committee completed its mandate in June, 1987. Final recommendations from the committee included proposals for data collection and departmental support for the Saskatchewan Safety Council. Members of the committee noted that progress had been made toward greater awareness of the problem of accidental injury, and improved co-ordination among safety and health organizations.

5. Saskatchewan Hospital Services Plan

Objectives

- to administer the Saskatchewan Hospital Care Insurance Program
- to fund hospitals at a rate approved by the Plan for health care provided to beneficiaries
- to ensure the maintenance of minimum standards in safety and patient care in hospitals and to provide a limited consulting service
- to authorize the expansion, improvement or addition of programs in hospitals
- to provide planning and financial assistance for hospital construction
- to provide advisory services to hospitals and muncipalities in the administration of the Union Hospital Act
- to fund other approved facilities and programs for insured services provided to beneficiaries
- to administer the provisions of the Hospital Revenue Act

Highlights

Construction was completed on four integrated facilities and construction began on totally new facilities at Kyle and Theodore.

Construction was completed on two new 25-bed acute care facilities at Maidstone and Watrous, a 20-bed facility at Hudson Bay and a 118-bed facility at Lloydminster.

Phased construction is continuing on the Wascana Rehabilitation Centre.

Construction on Package 3 at Regina General Hospital with an estimated value of $28 million is nearing completion.

Construction on Phase 1, at a cost of $52.7 million at St. Paul's Hospital, Saskatoon is on schedule.

The two-floor expansion at the University Hospital is nearing completion.

Construction on the $16.4 million Saskatoon Cancer Clinic was completed.

A new day surgery at Saskatoon's City Hospital and major psychiatric ward renovation at University Hospital were opened in 1987.

In conjunction with the government's Buy Saskatchewan initiative, policies and procedures were introduced to assist health care institutions to maximize the Saskatchewan value added of their general purchasing, as well as their spending on capital projects.

Major Features of the Plan

Eligibility

New residents entering Saskatchewan from other parts of Canada are provided benefits from the first day of the third month following the date they establish residence in the province and register with the Department of Health.

Benefits

Most hospital services, which in the opinion of the patient's attending physician are medically required, are insured to the extent that individual hospitals are able to provide:

a) Inpatient Services provided by hospitals

b) Outpatient Services provided by hospitals and certain approved outpatient facilities

c) Physiotherapy and Osteopathy services provided by facilities that have an agreement with Saskatchewan Health for the provision of insured services.

Benefits are not restricted by age or pre-existing health conditions.

The Plan also provides benefits for insured services provided by hospitals elsewhere in Canada. This includes standard ward care at rates established by the province or territory, and payment for outpatient services.

Outside Canada payment (Canadian funds) will be made by the Plan for all insured services provided by an approved hospital to a Saskatchewan beneficiary who is temporarily absent from Saskatchewan. Payment will be based on the average daily charge to a maximum equal to 100 per cent of the average daily rate for Regina and Saskatoon hospitals in the preceding year.

For treatment not available in Canada, all fair and reasonable charges, plus exchange, will be paid, provided the treatment was approved by the Saskatchewan Medical Care Insurance Branch, the Saskatchewan Cancer Foundation or the Saskatchewan Alcohol and Drug Abuse Commission.

Extended Care

Effective July 1, 1981 responsibility for the provision of extended level 4 care (patients requiring skilled nursing care and specialized techniques to arrest or retard deterioration) was assumed by the Continuing Care

Branch, Saskatchewan Health. The Plan maintains responsibility for level 4 care provided within hospitals.

As of March 31, 1988, 95 hospitals provided 511 funded level 4 beds (not including integrated facilities). Of these, 339 beds were located in eight urban hospitals. The remaining 172 beds were distributed among 87 small hospitals in communities lacking a level 4 facility.

Integrated Facilities

When introduced in October, 1984, this new health initiative provided for four pilot projects. The pilot program was expanded in the Five Year Construction Plan announced by the Minister of Health on April 15, 1985. As of March 31, 1988, 10 of these facilities were operating in the province: Lampman, Lucky Lake, Rose Valley, Rabbit Lake, Goodsoil, Nokomis, Dinsmore, Fillmore, Gainsborough, and Mankota.

Integrated facilities are single structural and organizational entities, which incorporate a small hospital and a small licensed special-care home. The Plan is responsible for providing the administrative support, while the Continuing Care Branch of Saskatchewan Health has program responsibility for the special-care residents. The facilities operate under the Saskatchewan Union Hospital Act, the Saskatchewan Hospital Standards Act, and the Housing and Special-Care Homes Act.

Physical Therapy Services

Privately owned physical therapy facilities that have entered into a contractual agreement with the Minister of Health, provide physical therapy services as a benefit of the plan.

Saskatchewan Cancer Foundation

The foundation maintains two outpatient clinics: the Allan Blair Memorial Clinic in Regina and the Saskatoon Cancer Clinic. The clinics are responsible for the consolidation and co-ordination of the Saskatchewan cancer program. In 1987-88 the Saskatchewan Hospital Services Plan administered an appropriation of $17,411,000 for cancer services.

Community Clinics

During 1987-88 community clinics were operating in Regina, Saskatoon, Prince Albert and Wynyard. These facilities are consumer-oriented organizations operated by community health associations and their elected boards of directors. They offer a wide range of health services. The board enters into agreements with general physicians and specialists for the provision of medical services. The association provides facilities and equipment required to operate the clinic. The operating budgets of the clinics are provided by the Plan.

Community Health and Social Centres

As of March 31, 1988, 11 community health and social centres were in operation in Delisle, Hodgeville, Leroy, Maryfield, Mossbank, Neudorf, Quill Lake, Raymore, Strasbourg, Willow Bunch and Zenon Park.

These facilities receive funding from both Saskatchewan Health and Saskatchewan Social Services. The basic components of their program are:

- outpatient diagnostic and treatment services based on a regular visiting physician service
- an on-call nurse to provide 24-hour emergency service
- a homemaker/homecare program
- a social activity program primarily for elderly people
- public health services
- other home care services (e.g. Meals on Wheels, handyman, etc.)

The Clinical Services Fund

Certain service-related areas in the medical education system receive funding from the Clinical Services Fund.

The Clinical Services Fund finances postgraduate education of interns and residents. It also funds the service component of the salaries of certain faculty members of the College of Medicine and some other service-related projects associated with medical education.

In 1987-88 the Saskatchewan Hospital Services Plan disbursed $12,033,800 from the Clinical Services Fund.

Ambulance Services

Objective

Effective May, 1987, responsibility for Ambulance Services was transferred to the Saskatchewan Hospital Services Plan.

The role of Ambulance Services within the Plan is to ensure the provision of high quality emergency transportation services for the residents of Saskatchewan. This includes the development and enforcement of ambulance service standards, the development and maintenance of an equitable funding mechanism, the provision of consultative services for ambulance boards and operators, and the administrative functions and protocol direction for the air ambulance program.

Road Ambulance Services

For the purpose of road ambulance service delivery, the province is divided into 108 ambulance districts. These districts are managed by ambulance boards comprised of participating municipalities. Boards contract for service or provide direct service delivery. The system is funded through the provision of grants (based on service volumes) to district boards and through revenue derived from patient charges. In 1987-88, provincial grants to Ambulance District Boards totalled $6.5 million.

All ambulance services operating in the province are required to meet minimum provincial standards with respect to vehicles, equipment and operations, and attendant training. Ambulance Services is responsible for ensuring that standards are met, and for providing consultative services to boards and operators. It is also responsible for the formal licensing of ambulance services and attendants, monitoring patient care and administering the Senior Citizens' Ambulance Assistance Program which limits charges to residents of the province 65 years or older to $150 per trip.

Throughout 1987-88, emphasis continued to be placed on improving the position of pre-hospital care as a function of overall health care delivery. Major areas of concentration included the continued development of comprehensive ambulance legislation and the revision of standards for the continuing education of ambulance attendants.

Table 25:

Road Ambulance Services, Saskatchewan

Statistics	1986-87	1987-88
* Number of licensed ambulance services	107	107
Number of licensed ambulance vehicles	189	208

* Comprised of public, private and industrial licensed services.

Air Ambulance Service

Ambulance Services is also responsible for the approval of air ambulance requests from Saskatchewan residents and for the general administration of the service. The Air Ambulance Service is based in Saskatoon and operates on a 24 hours-a-day, 365 days-a-year basis. The service has been operating within the province since 1946.

Saskatchewan Health establishes the standards and level of service required for air ambulances in conjunction with Air Transportation Services, Saskatchewan Property Management Corp. That agency provides the actual air ambulance service and charges Saskatchewan Health on a cost-per-kilometre basis. Patients are charged a percentage of the total cost of the flight, with Saskatchewan Health assuming the responsibility for the remainder of the expenses. In 1987-88, individuals flown within Saskatchewan were charged a flat rate of $250 regardless of distance. The charge for out-of-province flights was 2.60 cents per kilometre flown, based on the round trip distance.

Separate Annual Report

The Saskatchewan Hospital Services Plan publishes a separate annual report. This report provides details of the plan together with statistical and financial data. Copies are available from the Executive Director, Saskatchewan Hospital Services Plan, T. C. Douglas Building, 3475 Albert Street, Regina, Saskatchewan, S4S 6X6.

Table 26:
Saskatchewan Air Ambulance Services

	Number of Patients		Number of Flights	
Location/Type of Craft	1986-87	1987-88	1986-87	1987-88
Within Province				
— Air Ambulance	464	464	432	438
— Charter	19	7	20	7
Subtotal	483	471	452	445
Outside Province				
— Air Ambulance	47	40	46	36
— Charter	16	36	15	34
Subtotal	63	76	61	70
Grand Total	546	547	513	515

6. Continuing Care

Objective

To ensure provision of supportive, restorative and palliative services to people who cannot manage completely independently, while maximizing their physical, social and psychological independence.

Continuing Care is not a single program delivered by one agency. It is an umbrella of programs and services for the elderly and disabled, provided by many local organizations.

Continuing Care is guided by the following principles:

- A comprehensive range of services should be accessible, as much as possible in or near the individual's community.
- Responsiblity for service delivery should rest at the local level to better respond to needs and priorities.
- Provision of services should be based on an assessment of the individual's functional abilities, health status and the capabilities of family and community to provide assistance.
- Services should promote and respect the individual's autonomy and independence.
- Continuing Care should be co-ordinated with family support, and other health, social and housing services to ensure that individuals receive the most appropriate services available.
- Consultation with local service agencies and consumers should be carried out to ensure the co-operative and co-ordinated development of long term care.
- The role of volunteers in providing physical, psychological and social supports should be fostered.
- Financial incentives to seek a particular service should be minimized.

Organization

Continuing Care consists of the Special-care Homes and Home Care Sections as well as units that provide specialized support in the areas of administration, management information systems and policy development. In addition, the Lakeside Home in Wolseley was administered by Continuing Care until March 31, 1988.

Highlights

- Standards were developed for all aspects of the home care program.
- The development of a comprehensive program audit process for home care began.
- Eighty-seven District Co-ordinating Committees (DCCs) were fully operational. DCCs are proving to be invaluable in assuring the co-ordination of care services in communities. This co-ordination is resulting in a more effective and efficient use of local health care resources.
- A consultation process was initiated to develop a statement of home care priorities in order to maximize the impact of program resources.
- The department funded 41 new positions for existing special-care homes. The annual cost of these new positions is $1,000,000.
- A total of 215 special-care home beds was brougnt under construction.

Statistical Highlights

- About 81 per cent of seniors live very independently, often with the support of families, friends and neighbors, without seeking help from home care or moving into long term care facilities.
- However, about 19 per cent of seniors do use continuing care programs. This 19 per cent of seniors is composed of about 12 per cent who are still living in their homes with the assistance of home care and their families, and about seven per cent who receive long term institutional care.
- Although we tend to think of "seniors" as anyone over the age of 65, the people who are likely to need continuing care services are much older.
- The percentage of people using continuing care programs increases very dramatically in the older age groups:
  - only six per cent of people aged 65-69
  - about 11 per cent of people aged 70-74
  - about 20 per cent of people aged 75-79
  - about 36 per cent of people aged 80-84, and
  - about 62 per cent of people aged 85 and over.
- On average, the age of seniors served by home care is lower than the age of seniors living in long term care facilities. The average age of seniors in home care is 78 years. The average age of seniors in long term care facilities is 85 years.
- Long term care facilities are increasingly being used for people requiring heavier care. Eighty-one per cent of residents now receive level 3 and level 4 care, while only two per cent receive level 1 care.
- While most people who require continuing care services are seniors, about 15 per cent of home care

clients and eight per cent of long term care residents are under 65. Home care serves about four times as many people under 65 as are in long term care facilities.

- The major users of continuing care programs are female: about 69 per cent of home care clients and 66 per cent of people living in long term care facilities.
- The availability of a spouse is a key factor in determining the need for continuing care programs when a person loses some functional abilities:
  - Only 38 per cent of home care clients have a spouse.
  - Only 19 per cent of long term care residents have a spouse.
- Women age 65 and over are much less likely to have a spouse (only 43 per cent) than men age 65 and over (74 per cent).

Note: All references to long term care facilities refer to special-care homes and long term care beds in hospitals.

Services and Activities

Home Care Program

Through the Home Care Section, the branch co-ordinates the Saskatchewan Home Care Program. The program operates in 45 districts that cover all but the far northern part of the province.

Each home care district is an incorporated, autonomous organization administered by a community board which is geographically representative of the district.

Purpose and Objectives

To preserve and maximize an individual's ability to remain independent at home by offering services that provide needed care and support and by fostering the widest possible use of available individual, family and community resources.

The program is founded on the beliefs that:

- individuals can usually retain greater independence and have more control over their lives in their own homes rather than in an institution, and that
- most individuals prefer to remain at home and to receive any required services at home.

The objectives of the program are:

1. to provide needed services to people in their own homes for the purpose of:
   - teaching them to care for themselves whenever possible,
   - delaying or preventing functional deterioration, and
   - giving support and assistance to families or friends providing care.
2. to serve as an integral part of the health and social service system by:
   - delaying or preventing the need for admission to a special-care home or by assisting in the care of an individual until placement is possible,
   - allowing earlier discharge from hospitals and reducing the frequency of re-admissions,
   - establishing co-ordination and referral links to enable clients and families to make the best possible use of available community services, and
   - promoting the participation of volunteers in the system.
3. to improve the quality of life in Saskatchewan by:
   - providing services that protect the dignity of individuals requiring services and that allow them to retain control over their lives,
   - helping families shoulder the responsibility of caring for members requiring services, and
   - developing an awareness of needs and resources within Saskatchewan communities.

Legislative Authority

Home Care operates under The Home Care Act.

Table 27:

Number of Home Care Clients and Services

Type of Service	Units*	Per Cent of all Units	Clients	Per Cent of all Clients
Nursing	122,633	9.0	9,350	49.0
Meals	386,319	28.5	4,461	23.4
Home Maintenance	23,946	1.8	2,960	15.5
Homemaking	824,250	60.7	12,389	64.9
All Services	1,357,148	100.0	19,101**	—

* *One unit of nursing, homemaking or home maintenance is equal to an hour of client service. One meal is equal to one unit of service.*

** *Some clients may have received more than one type of service.*

Services

Home care services include assessment and care co-ordination, nursing, homemaking, meals and home maintenance. Certain urban districts also provide physical and occupational therapy, and social work. All home care districts provide referral services to help individuals and families make use of available programs and resources. Each district is responsible for establishing volunteer services to complement the funded services.

Eligibility and Assessment

Applicants must hold a valid Saskatchewan Health Services Card or be in the process of establishing permanent residence in Saskatchewan.

When a district receives an application for services, it conducts an assessment to determine the services that are appropriate for the client. The assessment is completed prior to the delivery of service except in emergency situations.

Client Charges

Features of the client fee system include:

- no fee for nursing services or assessment and care co-ordination
- standard fees for other home care services throughout the 45 home care districts
- all clients, regardless of income, pay $5 per unit for the first 10 units of service received
- for clients receiving more than 10 units of service, the charge for each additional unit is dependent upon income
- maximum monthly charge of $50 - $300, depending on income

Funding of Home Care Districts

Funding provided to home care districts by the Home Care Section falls into two categories, formula funding and target grants. The formula funding paid to each home care district consists of:

- block funding of $44,940
- $10 per capita
- $44.78 per senior
- $40.74 per person over 75

Formula funding provided to the 45 home care districts in 1987-88 totalled $19,588,501.

Target grants are provided to home care districts for high need care, respite care, palliative care and/or other means of supporting individuals at high risk of requiring institutionalization. The amount of the grant is dependent upon factors such as:

- the number of high need clients in the district.
- the district's unique service needs (e.g. high proportion of seniors and/or disabled individuals).
- the home care district's existing resources.

Target grants totalling $2,127,500 were paid to home care districts in 1987-88.

Table 28:

Home Care Clients as a Percentage of all District Population* By Age and Sex

Age Group	Male Clients Number	Male Population Number	Utilization Rate Per cent	Female Clients Number	Female Population Number	Utilization Rate Per cent	All Clients Number	All Population Number	Utilization Rate Per cent
0 - 19	91	151,201	0.1	85	143,799	0.1	176	295,000	0.1
20 - 39	165	165,364	0.1	422	156,437	0.3	587	321,801	0.2
40 - 59	408	92,667	0.4	757	90,941	0.8	1,165	183,608	0.6
60 - 64	314	21,177	1.5	621	22,213	2.8	935	43,390	2.2
65 - 69	582	19,128	3.0	1,316	21,410	6.1	1,898	40,538	4.7
70 - 74	912	16,060	5.7	2,268	18,881	12.0	3,180	34,941	9.1
75 - 79	1,160	11,354	10.2	2,831	14,005	20.2	3,991	25,359	15.7
80 - 84	1,161	6,821	17.0	2,641	9,314	28.4	3,802	16,135	23.6
85 - 89	767	3,276	23.4	1,541	4,979	30.9	2,308	8,255	28.0
90 +	338	1,521	22.2	659	3,025	21.8	997	4,546	21.9
Total	5,898	488,569	1.2	13,141	485,004	2.7	19,039	973,573	2.0

** Home care district population excludes residents of Indian Reservations and residents of Northern Saskatchewan.*

Special-care Homes Program

The Special-care Homes Section has overall responsibility for the special-care home program. This responsibility involves:

- monitoring quality of care in special-care homes,
- consultation and assistance to special-care homes in program development, administration and financial management,
- administration of special-care homes construction program, assistance to local boards in planning and construction of special-care homes,
- review and approval of operating funding for special-care homes.

Purpose and Objectives

The purpose is to provide long term institutional care services for Saskatchewan residents who do not require hospitalization but who require a greater degree of care or supervision than they would receive living in their own homes. Services provided range from meals, laundry services, activation and assistance with personal care to specialized nursing care with 24-hour supervision and rehabilitation therapies.

The objectives of the program are:

1. to ensure that resources, programs and adequate accommodation are available to meet the needs of Saskatchewan residents who require long term institutional care, and
2. to ensure provision of the care, treatment and support necessary to enable residents to regain and maintain the highest possible degree of health and independence.

A number of special-care homes offer community outreach services, such as adult day programs and respite care to people who normally reside in their own homes.

Legislative and Regulatory Authority

Special-care homes operate under The Housing and Special-care Homes Act, The Housing and Special-care Homes Regulations, and The Housing and Special-care Homes Care and Rates Regulations.

Levels of Care

Levels of care are used primarily for statistical purposes and as a means of communication among health care professionals. Use of these level of care designations is being de-emphasized for placement and care co-ordination purposes. Emphasis is being placed on meeting the individual's care needs rather than classifying by level of care.

Level 1
- residents require some supervisory care; primarily an accommodation rather than a care arrangement

Level 2
- residents require some supervision and assistance with activities of daily living

Level 3
- residents require intensive personal or nursing care

Level 4
- residents who do not require acute hospital care and treatment, but require continuous medical care and 24-hour nursing care. Level 4 care is divided into three components — specialized supervisory care, supportive care and restorative care

Table 29:

Distribution of Long Term Care Residents* by Level of Care

Level of Care	Number	%
1	176	1.8
2	1,766	17.6
3	4,162	41.5
4	3,920	39.1
Total	**10,024**	**100.0**

* Includes persons receiving long term care in special-care homes and hospitals at March 31, 1988

Eligibility and Assessment

In areas of the province where District Co-ordinating Committees (DCCs) are functioning, client assessment, determination of appropriate service, and priorizing clients for services would be carried out by the DCC. Special-care homes continue to make final decisions on admissions to their facilities.

Resident Charges

The standard resident charge at April 1, 1987 was $509 a month. Adjustments to the resident charge resulted in the following charges during 1987-88:

Effective Date	Resident Charge
May 1, 1987	$582
August 1, 1987	588
November 1, 1987	596
February 1, 1988	601

The resident charge provides single residents whose only source of income is Old Age Security, Guaranteed Income Supplement and Saskatchewan Income Plan payments with at least $100 disposable income after payment of the resident charge.

Method of Funding

Special-care homes are funded through operating grants provided by Continuing Care and resident charges collected by the homes. Grants for construction and renovations may be available on approved projects.

Operational Funding

Operating grants to non-profit special-care homes are based on budgets submitted by the homes for review and approval by the department. Budgets are approved based on available financial resources, and payments are made to the homes on a monthly basis.

Commercial homes are funded on a negotiated fee-for-service basis. Level 4 beds in acute care hospitals and special-care beds in integrated facilities are funded by Continuing Care through the Hospital Services Branch.

In 1987-88, Continuing Care paid a total of $183,681,078 in operating grants for special-care homes.

Table 30:

Saskatchewan Long Term Care Beds March 31, 1988

	Facilities	Beds
Special-care Homes*	157	9,437
Hospital level 4 units	8	387
Hospital community level 4 beds	87	172
Total	252	9,996

* Includes five regional care centres with 877 beds and 10 integrated facilities with 128 beds which are licensed as special-care home beds.

Construction Funding

Continuing Care provides financial assistance for construction projects undertaken by non-profit special-care homes (e.g. homes sponsored by municipalities, churches and charitable organizations). Construction projects are approved by the Minister of Health. Funding for construction is as follows:

New Construction	
Province	85%
Local Sponsors	15%
Renovations	
Province	50%
Local Sponsors	50%

The provincial share of costs is amortized through a Canada Mortgage and Housing Corporation mortgage or a Saskatchewan Property Management Corporation loan. These costs are then repaid by Continuing Care through the facility operating budget.

In 1987-88 the department approved 20 renovation projects and four new construction projects involving 66 long term care beds. The total cost of these projects is $8.2 million.

Separate Statistical Report

The Continuing Care Branch publishes separate statistical reports on Home Care and long term care in special-care homes and hospitals. Copies are available from the Executive Director, Continuing Care Branch, T.C. Douglas Building, 3475 Albert Street, Regina, Saskatchewan, S4S 6X6.

Table 31:

Long Term Care Residents* as a Percentage of Provincial Population By Age and Sex

	Males			Females			All		
Age Group	Residents Number	Population Number	Utilization Rate Per cent	Residents Number	Population Number	Utilization Rate Per cent	Residents Number	Population Number	Utilization Rate Per cent
0 - 19	5	170,076	0.0	4	162,246	0.0	9	332,322	0.0
20 - 39	91	176,780	0.1	70	167,955	0.0	161	344,735	0.0
40 - 59	197	96,962	0.2	197	94,805	0.2	394	191,767	0.2
60 - 64	113	21,737	0.5	123	22,781	0.5	236	44,518	0.5
65 - 69	179	19,540	0.9	224	21,799	1.0	403	41,339	1.0
70 - 74	327	16,409	2.0	436	19,186	2.3	763	35,595	2.1
75 - 79	485	11,578	4.2	776	14,218	5.5	1,261	25,796	4.9
80 - 84	669	6,945	9.6	1,375	9,437	14.6	2,044	16,382	12.5
85 - 89	682	3,342	20.4	1,635	5,051	32.4	2,317	8,393	27.6
90 +	629	1,542	40.8	1,807	3,051	59.2	2,436	4,593	53.0
Total	3,377	524,911	0.6	6,647	520,529	1.3	10,024	1,045,440	1.0

* *Long term care residents include all persons residing in special-care homes and hospitals at March 31, 1988. Residents of hospitals include persons who occupy beds designated for long term care and persons who are accommodated in acute care beds until alternative care arrangements are made.*

Figure 7: Saskatchewan Home Care Program District Boundary Map

Legend

* Denotes District Office Location

1—Sand Hills
2—Grasslands
3—Wheatland
4—White Mud
5—Wood River
6—Thunder Creek
7—South Country
8—Weyburn and Area
9—Estevan Area
10—South East
11—Cannington
12—Moose Mountain Trail
13—Pipestone Valley
14—Squirrel Hills
15—Wascana
16—Watrous-Davidson
17—Outlook and District
18—Beechy-Elston
19—Rosetown and District
20—Wild Goose
21—West Central
22—Biggar and District
23—Greenhead
24—Battlefords and District
25—Twin Rivers
26—North-West
27—Woodland
28—Prince Albert Pineland
29—Country Valley
30—Wakaw-Cudworth
31—Nipawin
32—Melfort
33—Pasqua
34—Fort Pelly-Livingstone
35—Canora
36—Yorkton
37—Potash Country
38—Melville and District
39—Qu'Appelle Valley
40—Touchwood Hills
41—Yellowhead Emerald
42—Quill Plains
43—Lanigan
44—Humboldt
45—Saskatoon

7. Laboratory and Disease Control Services

Objectives

- To assist in the prevention, diagnosis, and treatment of individuals resident in any part of the province by providing health-related tests for a wide variety of specimens from hospitals, physicians, government and municipal agencies, and concerned individuals and by supplementing testing services provided locally.
- To assist in the maintenance of a healthy physical environment by providing most laboratory tests required by Saskatchewan Environment.
- To serve as a control, consultative and support service to public health and other health professionals regarding communicable disease.
- To act as a supply and distribution centre for vaccines, sera and biologicals.
- To act as a centre for the collection and analysis of communicable disease statistics.
- To manage tuberculosis control in the province by identifying cases of disease and infection, interrupting the transmission of infection, preventing the progression of the disease, and protecting non-infected individuals from becoming infected.

Provincial Laboratories

During 1987-88, 107 staff members received 668,414 specimens for testing. This represents a four-fold increase since the Provincial Laboratories opened in 1958.

A determined effort is made to deliver laboratory service that is reliable, convenient and prompt. Specimen containers, mailing outfits and requisitions are provided free of charge to physicians and hospitals. To minimize the interval between mailing of a specimen and receiving a report, the laboratories operate seven days a week. Mail and bus express packets are collected twice daily. Many specimens are delivered directly to the laboratories by local taxis or by daily couriers from Prince Albert, Saskatoon, Swift Current and Moose Jaw. All findings are reported by mail, but reports are telephoned when requested by the sender or when observed findings are grossly abnormal.

Protective Tests

Protective tests are conducted on selected specimens to help prevent illness. Such tests may detect unsuspected threats to the health of individuals or to the environment, allowing corrective or defensive measures to be adopted before serious harm is done. The tests may signal inadequate protection against infectious disease agents for which vaccines are available, indicate metabolic disorders which may be compensated for, or detect dangers to the community and/or the environment.

A variety of tests is required to confirm the suitability of surface or ground waters for drinking, cooking and bathing. In 1987-88, 14,010 water samples from municipal distribution systems, 13,927 water samples from private wells and 1,302 water samples from swimming pools were tested for inadequate protection of the water supply and/or inadequate chlorination. In addition, some 2,292 spot checks were made of fluoride ion content in waters from municipal distribution systems where fluoridation is practised.

Saskatchewan Environment requires a more comprehensive battery of tests for surface waters and industrial waste waters. Some 3,408 samples of water from reservoirs, lakes, streams, rivers, lagoon effluents and industrial wastes were tested for the Water Pollution Control Branch. The Air Pollution Control Branch submitted 55 washings from areas adjacent to potash mines to test the atmospheric fall-out of potash dust onto farms. A total of 133 samples of air washings from foam insulated homes was analysed for content of formaldehyde to determine whether significant concentrations were being released by the insulation. Some 356 samples of selected fish from Saskatchewan lakes and rivers were submitted by Saskatchewan Environment and Saskatchewan Parks, Recreation and Culture for mercury analysis. The findings of such tests enabled identification of fishing areas where mercury levels in fish were likely to exceed 0.5 parts per million, a level considered unsafe for consumers.

Protective tests are made on retail dairy products. Dairy product samples totalling 8,700 were tested at the Provincial Laboratories in Regina.

The Provincial Laboratories conduct four screening programs, three to protect the health of newborns or the unborn. The disorders of phenylketonuria (PKU) and hypothyroidism may cause irreversible brain damage if not identified and treated in the first weeks of life. The 17,450 samples tested for PKU indicated one infant was born with PKU in 1987-88. The 19,054 samples screened for hypothyroidism led to identification of four bona fide cases in need of treatment. Although the numbers of discovered cases of PKU or hypothyroidism are small, screening is cost-effective because life-long support for undiagnosed and untreated cases is extremely expensive.

A third screening program is directed towards the prevention of congenital rubella. Rubella virus infection contracted early in pregnancy may cause very serious damage to the fetus. To identify the seven per cent of women of childbearing age who lack protective antibodies, 13,301 premarital and prenatal blood samples were tested. Blood donors found to lack such antibodies are urged by their physician to seek vaccination before they become pregnant. If already pregnant, they are advised to try to avoid contact with any rubella patient, or to contact their physician if suspected or definite contact has occurred.

A fourth screening program assists the treatment of drug addicts by identifying those patients on methadone treatment who continue taking illicit drugs.

Toxicological laboratory tests are performed to assist in medicolegal investigations. Specimens of blood, urine, stomach contents, tissues, powders and fluids are examined to help physicians, coroners and law enforcement agencies determine whether a drug or toxic chemical may have contributed to an accident, illness or death. Investigation of 588 fatal cases required 1,590 specimens to be searched for toxic substances.

The laboratories provide a 24-hour toxic substance identification service to help physicians manage patients who accidentally or deliberately may have ingested a toxic substance or drug. Tests on such specimens included examination of 4,021 samples. Findings are telephoned when requested within minutes or hours of receipt of specimen.

Table 32:

Variety and Volume of Services Provided, Provincial Laboratories, Saskatchewan, 1986-87 and 1987-88

	Specimens (thousands)		Work Units (thousands)	
	1986-87	1987-88	1986-87	1987-88
Total services*	708.2	882.5	15,597.2	15,027.7
Protective services	104.8	95.9	3,090	2815.8
Water — Private wells and swimming pools	15.7	15.2	345	325.0
— Municipal systems	16.5	14.0	174	182.0
— Commercial chemical	4.5	2.9	422	308.1
— Environment Department	3.4	3.4	657	625.0
Air samples and urea formaldehyde	0.2	0.2	4	4.4
Dairy and food	8.6	8.7	321	337.0
Screening tests:				
Neonatal — PKU	17.7	17.5	149	146.3
— Hypothyroidism	19.8	19.1	177	171.0
Premarital-prenatal-rubella	16.6	13.3	498	399.0
Post-mortem toxic substances	1.8	1.6	343	318.0
Diagnostic services	603.4	786.6	12,507.2	12,211.9
Microbiology	296.7	292.8	7,404.3	7,276.6
Chemistry	306.7	493.8	5,102.9	4,935.3

* *Figures from 1987-88 may not correspond to the 1986-87 figures due to changes in testing menus and equipment.*

Clinical Diagnostic Services

Modern medicine relies on laboratory tests to aid in the early diagnosis of illness and to permit swift treatment when required. Each year, advances in applied microbiology, biochemistry, genetics and pharmacology allow more diseases to be treated effectively. Patients expect swift diagnosis and relief of pain. This expectation, coupled with the drive to minimize hospital admissions or lengths of stay, requires the rapid processing of such diagnostic tests.

A determined effort is made to complement whatever laboratory service may be available locally. This often means doing specimen tests for doctors' offices and small hospitals. There are also many infrequently required, difficult-to-maintain, and expensive tests that are impractical for even large laboratories to undertake. Consequently, at times specimens are referred to a larger laboratory that offers a desired test. Any charges incurred for tests on specimens relayed to other laboratories are borne by the Provincial Laboratories. In 1987-88, 1,906 specimens were referred to out-of-province laboratories.

Another 10,040 specimens were referred to in-province laboratories.

Table 33:
Variety and Volume of Diagnostic Services, Provincial Laboratories, Saskatchewan, 1986-87 and 1987-88

	Specimens (thousands)		Work Units (thousands)	
	1986-87	1987-88	1986-87	1987-88
Total*	603.4	786.6	12,507.2	12,211.9
Microbiology	296.7	292.8	7,404.3	7,276.6
Syphilis	46.0	43.4	412.6	399.7
Gonorrhoea	5.0	3.2	54.0	35.2
Sore throats	32.7	26.4	327.0	263.8
Boils, wounds, tissue, blood and CSF	49.8	52.0	766.2	792.0
Media preparation	—	—	698.0	708.4
Urinary tract	52.3	46.4	785.0	696.2
Gastroenteritis	14.3	14.5	262.5	288.2
Tuberculosis	2.6	1.9	114.0	84.8
Parasites	12.9	15.5	213.0	414.0
Fungal infections	3.2	3.4	347.0	370.7
Rheumatic fever and collagen disorder	31.1	28.3	1,006.0	1031.0
Virus infections — for isolation	26.3	37.5	1,039.0	1,038.6
— for rubella serology	6.7	6.0	988.0	815.0
— for other serology	13.8	14.3	392.0	339.0
Chemistry	306.7	493.8	5,102.9	4,935.3
Radioimmunoassay*	145.4	149.7	2,345.0	2,304.7
Enzymes-Metabolites — Drugs	139.5	325.0	2,130.0	2,030.3
Urine hormones	3.8	3.0	311.9	317.2
Trace metals in blood and urine	1.6	1.1	21.0	24.6
Proficiency Testing — hospitals	3.8	3.1	218.0	179.2
Referrals — other laboratories	12.6	11.9	77.0	79.3

* *Figures from 1987-88 may not correspond to the 1986-87 figures due to changes in testing menus and equipment.*

Services to Diagnostic Laboratories

In addition to providing, free of charge, tests needed in microbiology and chemistry that are beyond the capacity of hospital or clinic laboratories, the Provincial Laboratories also offer a variety of services to other laboratories for tests they perform. Technical advice on the selection and/or interpretation of test procedures is offered upon request. Check samples are mailed out each month to hospital laboratories participating in a performance and standard evaluation program (PAS). Bacteriological media are supplied for the first year that a hospital undertakes, with a qualified technologist, to provide Level I bacteriology service. For hospitals without a local bacteriology laboratory, sterility check tests are offered. Blood samples of hospital and medical staff with close patient contact are periodically examined for exposure to such agents as rubella, poliomyelitis, hepatitis or influenza.

Research and Consultative Services

All research is directed towards investigating laboratory tests for infectious, metabolic and degenerative disorders. Considerable investigation and in-house testing is necessary to evaluate specificity, sensitivity and cost of newly-described procedures. Continuous research ensures all procedures are as reliable, rapid, economical and useful as possible.

Many requests for technical information or advice are received from physicians, hospital staff, teachers, engineers, architects, consumer groups and concerned individuals. Every effort is made to answer these queries, or to refer questions to the appropriate agency or individual.

Disease Control Services

Disease Control Services offers consultation and support services to health professionals and individuals, and distributes vaccines, sera and biologicals for disease prevention and treatment. The division serves as the main agency for the collection and analysis of communicable disease statistics.

Specific Disease Control and Surveillance Programs

Hepatitis A

A marked decline in cases was seen in 1987 when 124 cases were reported compared with 287 in 1986.

Hepatitis B

Hepatitis B vaccine continued to be supplied to those with medical indications. Immunization consists of a series of three doses of vaccine over a seven-month period. Since the start of the program more than 2,880 individuals have received complete courses of the vaccine.

Rabies

In 1987, 82 persons received human diploid cell rabies vaccine following exposure to potentially rabid animals, compared with 81 persons in 1986. Rabies in humans can be prevented if the vaccine is provided quickly after exposure. An efficient system for delivering the vaccine has been successful in preventing all cases of rabies in humans since 1970.

Salmonellosis

A slight increase in reported cases was seen in 1987 with 374 reports received compared with 317 in 1986. Most cases reported were of a sporadic nature.

Western Equine Encephalitis (WEE)

No human case was reported in 1987. The WEE surveillance program identified a low level of WEE virus in mosquitoes during the summer of 1987. The surveillance program and promoting of mosquito control programs continue.

Sexually Transmitted Diseases

During the last ten years the number of cases and the rate per 100,000 for gonorrhoea and syphilis have generally declined as the following table shows:

Gonorrhoea and Syphilis Cases, Selected Years

	Male	Female	Total
1977	2,326	1,286	3,612
1983	1,311	741	2,052
1984	1,213	629	1,842
1985	1,257	720	1,977
1986	1,059	658	1,717
1987	993	838	1,831

In 1984, chlamydia infections became notifiable. The reported rate of chlamydia is now very similar to that of gonorrhoea.

Acquired Immunodeficiency Syndrome (AIDS)

In 1987, eight cases were reported, the same number as in 1986. The incidence rate of clinical AIDS in Saskatchewan remains lower than the national average. The cumulative number of clinical AIDS cases reported in Saskatchewan up until the end of 1987 was 20. There have been 15 deaths.

Table 34:

Reported Cases and Deaths From Selected Notifiable Communicable Diseases, Saskatchewan, 1983 to 1987

	Yearly Distribution									
	1983		1984		1985		1986		1987	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Acquired Immunodeficiency Syndrome (AIDS)			1	—	4	2	8	4	8	9
Amebiasis	18	—	17	—	26	—	48	—	85	—
Brucellosis	—	—	—	—	—	—	—	—	—	—
Chickenpox*							1,378	—	1,664	—
Chlamydia					1,062	—	2,728	—	3,327	—
Diphtheria	4	—	—	—	—	—	—	—	—	—
Gastroenteritis	418	—	778	2	591	1	648	—	762	—
Giardiasis	112	—	254	—	215	—	277	—	675	—
Gonorrhoea	2,029	—	1,814	—	1,958	—	1,713	—	1,824	—
Hepatitis A	140	—	777	—	864	2	287	4	124	1
Hepatitis B	109	2	107	3	143	1	39	—	87	1
Hepatitis B Carrier	58	—	86	—	64	—	89	—	99	—
Herpes					302	—	248	—	326	1
Legionellosis*							1	3	—	—
Leprosy	—	—	—	—	—	—	—	—	—	—
Malaria	1	—	1	—	5	—	1	—	—	—
Measles	2	—	10	—	11	—	819+	—	650+	—
Meningococcal Infections	7	—	3	2	2	—	9	1	10	1
Meningitis Bacterial										
Haemophilus	31	2	36	—	17	2	36	—	26	—
Pneumococcal	9	—	7	1	7	—	6	1	7	—
Other	8	1	15	1	9	1	6	1	13	1
Meningitis Viral or Aseptic	71	1	138	—	27	—	44	—	25	—
Mumps	41	—	21	—	23	—	10	—	40	—
Pertussis	16	—	31	—	43	—	14	—	17	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Rubella	81	—	31	—	27	—	230	—	33	—
Congenital Rubella	—	—	—	—	—	—	—	—	—	—
Salmonellosis	832	—	495	1	199	1	317	—	374	1
Shigellosis	281	—	324	1	252	—	503	—	240	—
Syphilis	23	—	28	—	19	—	4	—	7	—
Tuberculosis	101	4	94	7	123	5	135	10	141	5
Typhoid & Paratyphoid	1	—	5	—	3	—	—	—	2	—

* *Incidence available as of 1986*

\+ Of these, only 93 were confirmed cases.

1983 - 1986 — Final mortality figures of Saskatchewan Residents (Stats. Canada)

1987 — Preliminary mortality figures (Saskatchewan occurrences only)

Table 35:

Reported Cases and Deaths From Selected Notifiable Communicable Diseases, Actual Rates Per 100,000 Population, Saskatchewan, 1983 to 1987

	Yearly Distribution									
	1983		1984		1985		1986		1987	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Acquired Immunodeficiency Syndrome (AIDS)			0.1	—	0.4	0.2	0.8	0.4	0.8	0.9
Ameobiasis	1.8	—	1.7	—	2.3	—	4.8	—	8.4	—
Brucellosis	—	—	—	—	—	—	—	—	—	—
Chickenpox*							136.4	—	164.1	—
Chlamydia					104.2	—	270.1	—	328.1	—
Diphtheria	0.4	—	—	—	—	—	—	—	—	—
Gastroenteritis	41.8	—	75.6	0.2	58.0	0.1	64.2	—	75.2	—
Giardiasis	11.2	—	24.7	—	21.1	—	27.4	—	66.6	—
Gonorrhoea	202.9	—	176.3	—	192.1	—	172.1	—	179.9	—
Hepatitis A	14.0	—	75.5	—	84.8	0.2	28.4	0.4	12.2	0.1
Hepatitis B	10.9	0.2	10.4	0.3	14.0	0.1	3.9	—	8.6	0.1
Hepatitis B Carrier	5.8	—	8.4	—	6.3	—	8.8	—	9.8	—
Herpes					29.6	—	24.6	—	32.2	0.1
Legionellosis*							0.1	0.3	—	—
Leprosy	—	—	—	—	—	—	—	—	—	—
Malaria	0.1	—	0.1	—	0.5	—	0.1	—	—	—
Measles	0.2	—	1.0	—	1.1	—	81.1	—	64.1+	—
Meningococcal Infections	0.7	—	0.3	0.2	0.2	—	0.9	0.1	1.0	0.1
Meningitis Bacterial										
Haemophilus	3.1	0.2	3.5	—	1.7	0.2	3.6	—	2.6	—
Pneumococcal	0.9	—	0.7	0.1	0.7	—	0.6	0.1	0.7	—
Other	0.8	0.1	1.5	0.1	0.7	0.2	0.6	0.1	1.3	0.1
Meningitis Viral or Aseptic	7.1	0.1	13.4	—	2.7	—	4.4	—	2.5	—
Mumps	4.1	—	2.0	—	2.3	—	1.0	—	3.9	—
Pertussis	1.6	—	3.0	—	4.2	—	1.4	—	1.7	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Rubella	8.1	—	3.0	—	2.7	—	22.8	—	3.3	—
Congenital Rubella	—	—	—	—	—	—	—	—	—	—
Salmonellosis	83.2	—	48.1	0.1	19.5	0.1	31.4	—	36.9	0.1
Shigellosis	28.1	—	31.5	0.1	24.7	—	49.8	—	23.7	—
Syphilis	2.3	—	2.7	—	1.9	—	0.4	—	0.7	—
Tuberculosis	1.0	0.4	9.1	0.7	12.1	0.5	13.4	1.0	15.5	0.5
Typhoid & Paratyphoid	0.1	—	0.5	—	0.3	—	—	—	0.2	—
Population***	1,000,000		1,029,000		1,019,500		1,010,200		1,014,000	

* *Incidence available as of 1986*

*** *Statistics Canada population figures (revised 1982)*

\+ Of these, only 93 were confirmed cases.

1983 - 1986 — Final Mortality figures of Saskatchewan Residents (Stats. Canada)
1987 — Preliminary Mortality figures (Saskatchewan Occurrences only)

Tuberculosis Control

The responsibility for tuberculosis control was transferred from the Saskatchewan Lung Association to the Laboratory and Disease Control Services Branch on August 1, 1987. The goals of tuberculosis control in Saskatchewan are:

- The interruption of transmission of tuberculosis infection.
- The prevention of tuberculosis infection from progressing to disease.
- The protection of non-infected individuals from becoming infected.

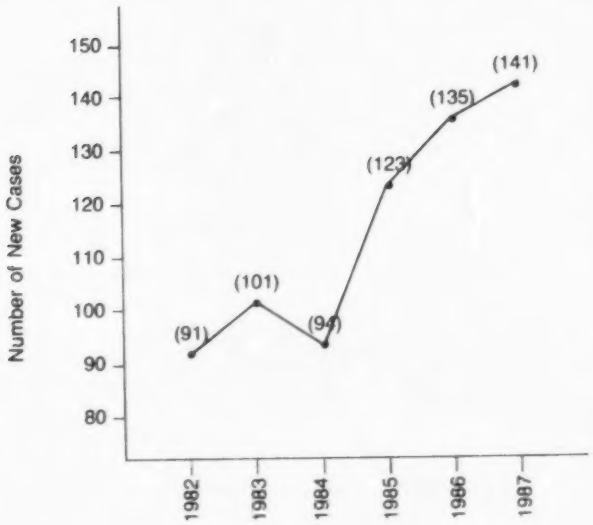
In order to reach these goals, the tuberculosis control services attempt to identify all cases of disease and infection and ensure the necessary care is given to those diseased, infected and exposed to infection.

The rate of tuberculosis in Saskatchewan has increased over the past four years. One reason is that

tuberculosis has occurred in several small communities in northern Saskatchewan. Surveys done in the last two years have also increased the number of cases actually identified.

Tuberculosis control is targeting communities in the north which have a high incidence of cases. Mobile tuberculosis clinics and strategies to increase drug compliance and awareness are used to help ensure cases are diagnosed early.

Figure 8: Tuberculosis in Saskatchewan



8. Saskatchewan Prescription Drug Services

Objectives

- To reduce the direct cost of prescription drugs to Saskatchewan residents
- To provide coverage of high-quality therapeutically effective drugs
- To reduce the cost of drug materials through quantity discounts and effective price competition
- To encourage the rational use of prescription drugs

Services and Eligibility

All Saskatchewan residents with a valid Health Services Card are eligible for coverage under the Drug Plan with the exception of those individuals who have prescription costs paid by federal or other provincial government agencies.

Consumer Cost

Between March 31, 1987 and June 30, 1987, Saskatchewan residents paid a maximum of $3.95 for each prescription for drugs covered by the Prescription Drug Plan. The balance of the dispensing fee and the full cost of drug material was paid by the Drug Plan to the dispensing pharmacy.

Effective July 1, 1987, the Saskatchewan Prescription Drug Plan converted to a family-based, deductible program. Families pay the full cost of prescriptions but are eligible for a refund of 80 per cent of those qualifying drug costs over and above annual deductible levels. The annual deductible for a family (as identified by the Saskatchewan Health Services Card), regardless of size, is $125. If at least one family member is 65 years or older, the deductible is $75. In the case of a single senior, the deductible is $50.

Residents receiving social assistance, patients registered with the Palliative Care Program, and residents registered with the Saskatchewan Aids to Independent Living Program as chronic end-stage renal disease patients, cystic fibrosis patients, or as paraplegics are exempted from the deductible program and continue to obtain prescriptions at a minimal charge ranging from zero to $2.00. Residents of licensed special-care homes obtain prescriptions at a minimal charge of $3.95.

As well, there is a provision for review of special cases where ongoing up-front costs are extreme and create undue hardship.

Prescription Requirements

A prescription order from a physician or dentist is required for all drugs covered by the Drug Plan except for insulin and urine-testing agents used by diabetics.

Drug Coverage

All drugs listed in the Saskatchewan Formulary are eligible for benefits under the Prescription Drug Plan. The Saskatchewan Formulary is a list of more than 1,800 drug products. These products are high quality, valid therapeutic agents necessary for the diagnosis, prevention or treatment of mental and physical disorders. The Saskatchewan Formulary has been developed by the members of the Saskatchewan Formulary Committee, made up of representatives of physicians, pharmacists, pharmacologists and nurses appointed by the Minister of Health. In addition, the Drug Quality Assessment Committee inspects prescription drug manufacturing plants to ensure the high quality of drug products and evaluates the therapeutic effectiveness of the respective drugs. The Formulary is updated on January 1 and July 1 each year.

Non-formulary drugs may be approved as benefit drugs in certain circumstances under the "exception drug status" provision.

Out-of-Province

The Prescription Drug Plan applies only for drugs purchased from Saskatchewan pharmacies or from participating pharmacies located in certain Alberta and Manitoba communities bordering Saskatchewan.

Special Coverage For Exempted Groups

Some residents are entitled to additional Prescription Drug Plan benefits:

(a) All Saskatchewan Assistance Plan recipients are entitled to receive the following drugs without charge: insulin, oral hypoglycemics, injectable vitamin B_{12}, and oral contraceptives. In addition, allergenic extracts and products used in megavitamin therapy are paid by Saskatchewan Health, Medical Services Division. Other formulary products are available to them at a nominal prescription charge of $2.

(b) Saskatchewan Assistance Plan beneficiaries who are nominated on the basis of drug need and persons 18 years of age or under who are dependants of Saskatchewan Assistance Plan beneficiaries are entitled to obtain all drugs listed in the Saskatchewan Formulary without charge.

(c) Saskatchewan Assistance Plan recipients in nursing homes and in approved homes are entitled to obtain all drugs without charge. Non-formulary drugs are paid by Saskatchewan Health, Medical Services Division.

(d) Cystic fibrosis patients, paraplegics and chronic renal disease patients receive all disease-related drugs without charge. Non-formulary drugs are paid by Saskatchewan Health, Aids to Independent Living (SAIL).

(e) Patients registered with the Palliative Care Program receive all drugs listed in the Saskatchewan Formulary without charge.

(f) Residents of special-care homes licensed by the Department of Health under the Housing and Special Care Homes Act are entitled to receive all drugs listed in the Saskatchewan Formulary at a nominal prescription charge of $3.95.

Product Interchangeability

Under the Prescription Drug Plan, pharmacists are mandated to substitute lower-priced products of equal quality in interchangeable drug categories to effect cost reductions. If a physician believes that a particular brand of drug is necessary for a particular patient, he or she must indicate "no substitution" on the prescription order. The pharmacist will then dispense the brand of drug specified by the physician.

Acquisition and Distribution of Drug Materials

The Drug Plan is not directly engaged in the purchase and distribution of drug products to pharmacies. This function is carried out by existing manufacturers and distributors.

The prices listed in the Saskatchewan Formulary are determined by two methods: Standing Offer Contracts and Maximum Allowable Cost.

1. Standing Offer Contract (SOC)

An SOC is a contract between a manufacturer and the Drug Plan to supply certain drug products to approved distributors at a contracted price. They, in turn, distribute the drugs to pharmacies.

The Saskatchewan Formulary Committee approves suppliers of particular drugs. All approved suppliers of that drug are invited to bid on a tender. An SOC is usually awarded to the supplier(s) who tenders the lowest price.

In some cases, SOCs are used to obtain quantity discounts for drug products which are supplied by a single manufacturer.

2. Maximum Allowable Cost (MAC)

The MAC method is used where the volume required of a particular drug is not sufficient to establish a Standing Offer Contract. Drug manufacturers must provide guaranteed maximum prices for each drug they have listed in the Saskatchewan Formulary. When a drug is listed in an interchangeable category, the Drug Plan will reimburse the pharmacy for its acquisition cost up to the lowest guaranteed price in the Saskatchewan Formulary for drugs in that interchangeable category.

Through its formulary system and drug acquisition policy, the Prescription Drug Plan has substantially reduced the costs of drug materials. As a result, Saskatchewan has achieved highly competitive drug prices.

Diabetic Policy

Diabetics do not require a physician's prescription to obtain insulin and urine-testing agents as benefits under the Prescription Drug Plan. A diabetic pays a maximum prescription charge of $1 for each package of insulin or urine-testing agent.

Separate Annual Report

The Saskatchewan Prescription Drug Plan publishes a separate 1987-88 Annual Report. It is available from the Executive Director, Saskatchewan Prescription Drug Services Branch, 3475 Albert Street, Regina, S4S 6X6.

9. Saskatchewan Medical Care Insurance

Objective

To provide a wide range of medical benefits to Saskatchewan residents. The plan was inaugurated on July 1, 1962 and operates under the authority of The Saskatchewan Medical Care Insurance Act.

Administration

From its inception in 1962 until December 31, 1987 the Medical Care Insurance Plan was administered by a commission. Effective January 1, 1988 the commission was disbanded and responsibility for administering the plan was transferred directly to the Minister of Health. The administrative activities of the plan have been integrated into the Medical Care Insurance Branch of Saskatchewan Health.

Responsibilities

The general responsibilities, as outlined in the act, are the establishment and administration of a plan of medical care insurance for the residents of the province. This includes:

- all issues pertaining to the nature and range of benefits administered by the plan, as well as those matters having fiscal implications.
- all matters governing arrangements to pay for insured services, rates of payment to providers of services, methods of payment and assessment of accounts.

Major Features of the Plan

Eligibility for benefits is solely dependent upon registration. No premiums are levied. Persons may register by contacting the Registration Division of Saskatchewan Health or administrators of towns, villages and rural municipalities.

(For details on registration, see page 49 in the Information Systems section of this report.)

A beneficiary is entitled to receive benefits, generally at Saskatchewan rates, for most insured services provided anywhere in the world. Payment for insured services is made on the basis of 100 per cent of the Medical Care Insurance Branch Payment Schedule and in accordance with its assessment rules. Extra-billing by providers of insured services is prohibited under the Act.

Insured services include medical treatment by physicians, including visit services, surgical procedures, anaesthesia, diagnostic services and laboratory services; chiropractic treatment visits; eye examinations by optometrists; and some dental services.

Supplementary Health Program

The Medical Care Insurance Branch is now responsible for the Supplementary Health Program. This responsibility was transferred from Community Health Services September 1, 1987.

The Supplementary Health Program provides for payment of accounts for non-insured health services to people Saskatchewan Social Services nominates for coverage. Beneficiaries include Saskatchewan Assistance Plan beneficiaries, government wards, inmates of correctional institutions, and non-recipients of social assistance benefits 65 years and older who are in Level 2, 3, or 4 special-care homes or long term hospital care and whose income is at or below the Saskatchewan Income Plan level. Benefits provided under the program include non-insured third party medical examinations, dental services, drug and appliance services, optical services, and transportation services.

Separate Annual Report

The Medical Care Insurance Branch publishes a separate annual report. This report and information booklets may be obtained by writing to the Medical Care Insurance Branch, T. C. Douglas Building, 3475 Albert Street, Regina, Saskatchewan, S4S 6X6.

Children's Dental Program

Objective

The objective of the Children's Dental Program is to improve the dental health of children by providing dental health education and treatment services to Saskatchewan children. The program is designed to provide dental care during the formative years and to establish positive habits for dental health which children will carry into adulthood.

Delivery System and Services

Effective September 1, 1987 the Children's Dental Program replaced the former school-based Dental Plan.

The program utilizes the services of private practice dentists throughout the province. Parents are free to choose one of the participating dentists to provide dental services for their children. A comprehensive range of services is covered at no cost to the patient. An agreement between the Health Department and the College of Dental Surgeons provides for payment on a fee-for-service basis to dentists providing services to children.

Eligible children are those born in 1974 through to and including 1982 during the service year September 1, 1987 to August 31, 1988.

A school-based dental health education program is delivered by departmental staff and supplements the clinical services provided in dental offices. This program is administered through the Community Health Services Branch.

Table 36:

Dental Program Statistics as at March 31, 1988

Number of eligible children	142,743
Dentists participating	310
Number of dental practice locations	350

NOTE: Program activity statistics for the service year, September 1, 1986 to August 31, 1987 are available from the Children's Dental Program, Saskatchewan Health, 3475 Albert Street, Regina, Saskatchewan S4S 6X6.

10. Information Systems

Objectives

- To register residents as beneficiaries of Saskatchewan Health programs through the issue of Health Services Cards.
- To provide an accurate, comprehensive, current and accessible Health Insurance Registration File.
- To identify information systems needs in Saskatchewan Health and, where appropriate, implement information technology to meet those needs.
- To maximize the benefits to be gained from informatics expenditure in Saskatchewan Health.

Responsibilities and Services

Registration of Beneficiaries

The Health Insurance Registration function, previously a Division of the Saskatchewan Hospital Services Plan, was transferred to the new Information Systems Branch of Saskatchewan Health when the branch was established on April 1, 1986. This division is responsible for registering residents of the province for health services under the authority of The Saskatchewan Hospitalization Act, Saskatchewan Medical Care Insurance Act and related regulations.

Eligibility for Benefits

Permanent residents of Saskatchewan, who have registered for benefits, are entitled to a broad range of Saskatchewan Health services.

Applications and assistance in registering are available at the Health Insurance Registration offices in Regina, Saskatoon, Prince Albert, North Battleford, Yorkton and Swift Current. Municipal administration offices in other locations maintain a supply of application forms and information pamphlets.

Upon registration, benefits for new residents entering Saskatchewan from other parts of Canada are provided from the first day of the third calendar month following the date of establishing residence in the province.

Upon registration, benefits for new residents entering Saskatchewan from outside Canada (see list below) are provided from the date they establish residence in Saskatchewan:

- returning Canadian citizens.
- returning residents.
- landed immigrants.
- non-immigrants which includes members of religious orders in Canada to carry out their duties, students, or persons engaged in a legitimate trade, profession or occupation.

Members of the Canadian Forces, Royal Canadian Mounted Police and inmates of federal penitentiaries are excluded from registering since they receive benefits under federal programs. However, upon the date of discharge in Saskatchewan, health benefits are immediately provided.

Beneficiaries who leave the province to reside elsewhere are provided benefits for the month during which they establish permanent residence elsewhere, plus the next two full months.

Persons who enter into employment contracts for work outside of Canada, not exceeding 24 months, and who intend to return and reside in the province, may be eligible for benefits for the entire period of their employment.

Certain residents become beneficiaries as a result of other provincial programs such as:

- Saskatchewan Assistance Plan recipients who have been nominated for health services benefits.
- children in the care of the Minister of Social Services.
- inmates while serving a sentence in a provincial correctional facility.
- in-patients in mental hospitals and persons voluntarily admitted to psychiatric wards.

Saskatchewan students who leave the province for full time attendance at an educational institution and who intend to return to reside in Saskatchewan upon completion of their studies are eligible for benefits for the duration of their studies outside of Saskatchewan.

Health Insurance Registration File

The Health Insurance Registration File is a central computer record of all residents eligible for Saskatchewan Health services.

The file is updated weekly for changes in addresses, newborns, deaths, changes in names, new residents, departing residents, and Social Services supplementary health coverage for those who qualify.

Eligibility for most Saskatchewan Health programs including medical care, hospital care, prescription drugs, children's dental care, mental health services,

supplementary health services, aids for the handicapped, hearing aids, chiropody services and ambulance services is determined through file comparisons.

The file is also used to check eligibility for other government departments including Social Services, Education, Saskatchewan Home Program, Saskatchewan Pension Plan, Agriculture and Indian Medical Services.

The common registration numbers assigned to beneficiaries under all health programs allows research to be carried out by the department or by outside researchers interested in the relationship between health services and other vital events for those same beneficiaries.

Information Technology

Saskatchewan Health spent in excess of $3 million during 1987/88 on information technology, not including the amount spent by non-governmental agencies funded by Health. The effective use of information technology is vital for efficient administration of health programs and expenditures. The technology in use ranges from large computer systems, such as that used to process physician accounts by the Medical Care Insurance Commission, to the use of word processors to improve the speed and accuracy of typing.

Information Systems Branch is responsible for the role of planning, co-ordinating, priorizing and controlling this decentralized information technology.

The branch is also responsible for operation, maintenance and training in connection with a central word processing system, with 53 workstations and 26 printers in the T.C. Douglas Building.

Table 37:

Primary Registration Activities 1986-87 and 1987-88

	1986-87	1987-88
New Family Registrations	14,833	13,484
Family Address Changes	103,048	104,195
Deaths	8,144	8,253
Families Left Province	16,515	15,489
All Beneficiary Changes	371,425	356,028
Social Services Nominations/Cancellations	46,358	47,415
Annual Health Services Cards Mailed	518,955	525,830

Table 38:

Covered Population* by Age Group, Sex and Type of Residence, 1967 Compared to 1987

Year 1967								
Group	Males	Females	Total	Cities	Towns	Villages	Rural	Reservations
Total	487,793	471,517	959,310	376,200	141,169	94,500	316,322	31,119
Under 1	9,209	8,560	17,769	7,796	2,381	1,612	4,709	1,271
1 - 4	43,810	41,921	85,731	35,032	11,757	8,301	25,180	5,461
5 - 14	110,922	105,740	216,662	80,081	29,383	20,647	76,913	9,638
15 - 24	79,578	78,510	158,088	63,990	21,898	14,631	52,100	5,469
25 - 44	104,701	104,400	209,101	92,219	28,365	18,298	64,583	5,636
45 - 64	92,538	88,723	181,261	63,687	26,839	18,271	69,935	2,529
65 +	47,035	43,663	90,698	33,395	20,546	12,740	22,902	1,115

Year 1987								
Group	Males	Females	Total	Cities	Towns	Villages	Rural	Reservations
Total	524,911	520,529	1,045,440	517,259	172,387	77,590	223,688	54,516
Under 1	8,269	8,134	16,403	8,053	2,303	1,337	2,778	1,932
1 - 4	36,515	34,816	71,331	33,577	10,832	5,866	14,036	7,020
5 - 14	83,989	80,156	164,145	72,726	24,987	12,363	40,054	14,015
15 - 24	88,375	38,994	172,369	87,927	23,976	11,169	36,647	12,650
25 - 44	158,213	150,549	308,762	169,513	44,768	20,066	61,587	12,828
45 - 64	90,194	90,138	180,332	85,989	29,206	12,944	47,699	4,494
65 +	59,356	72,742	132,098	59,474	36,315	13,845	20,887	1,577

* *A detailed "Covered Population Report" is published yearly and is available for a charge from Saskatchewan Health. "Covered Population" refers to all persons eligible to receive insured health services. These figures will not agree with Statistics Canada census figures.*

11. Saskatchewan Vital Statistics

Objective

The branch's objective is to maintain and operate a province-wide system for registration of births, stillbirths, deaths, marriages, divorces, adoptions and changes of name which occur in Saskatchewan according to the terms of The Vital Statistics Act and The Change of Name Act. A detailed account of vital data may be found in Saskatchewan Health's Vital Statistics Annual Report.

In addition to the registration and statistical function, the Vital Statistics Branch provides a variety of services to Saskatchewan residents, including searching of vital records and issuing of certificates as legal proof of registered events. The general costs of maintaining the registration system are borne by the provincial government. However, the costs for specific services requested by individuals are paid for by the individuals themselves. Accordingly, a fee is charged for searching records and issuing certificates.

The Vital Statistics Branch works closely with approximately 800 registrars throughout the province in the collection of vital data. Municipal secretaries and town and city clerks serve as registrars. These registrars forward their returns of birth, death, and stillbirth registrations on a weekly basis to the head office in Regina. The Vital Statistics Branch also receives registrations of marriage from clergy and marriage commissioners. Notices of divorces, annulments, and adoptions are received from court officials within the province's judicial districts.

All birth, death, stillbirth, and marriage data collected at the provincial level are forwarded regularly to Statistics Canada in Ottawa and are used to compile national vital statistics.

Legislation

The Vital Statistics Branch is responsible for administering:

The Vital Statistics Act

This act provides for the registration of all vital events which occur in Saskatchewan. Subsequent to registration, certificates confirming the registration may be obtained from the Vital Statistics Branch by applying in the prescribed form and paying the prescribed certificate fee. In cases where events were not registered at the time of occurrence, there is provision for delayed registration if the necessary documentation is submitted.

The Change of Name Act

The Change of Name Act provides residents of Saskatchewan 18 years of age and older with the opportunity to apply for a legal change of name. Applications for a change of name are reviewed in the Vital Statistics Branch and, if accepted, the change of name is registered and subsequently published in The Saskatchewan Gazette. Following registration and publication of the change of name, and payment of the prescribed fee, the applicant is provided with an official change of name certificate.

Highlights and Trends

Population Trends

The 1987 estimated population of 1,014,000 represents an increase of .43 per cent over the revised 1986 census population of 1,009,615.

Death Rate and Causes of Death

The 1987 death rate of 7.7 per 1,000 population decreased slightly from the 1986 rate of 8.

Heart disease and malignant neoplasms (cancer) were the leading causes of death in 1986 and 1987. The rates per 100,000 population for heart disease and malignant neoplasms in 1987 were 245.5 and 190.9 respectively.

Birth Rate

The 1987 birth rate of 16.8 per 1,000 population decreased slightly from the 1986 rate of 17.3.

Marriage Rate

The 1987 marriage rate of 6.8 per 1,000 population was the same as that experienced in 1986.

Divorces and Annulments

In 1987 a total of 2,909 divorces and annulments were registered under The Vital Statistics Act in Saskatchewan. This does not represent the total number of divorce petitions filed in 1987 since some petitions are not yet finalized.

Table 39:
Vital Statistics Saskatchewan, 1986 and 1987

Item	1986	1987*
Population (1,000s)	1,009	1,014
Live births	17,513	17,707
Rate‰	17.3	16.8
Deaths	8,061	7,769
Rate‰	8.0	7.7
Natural increase	9,452	9,238
Rate‰	9.4	9.1
Infant deaths	157	148
Rate**	9.0	8.7
Stillbirths (28+ weeks gestation)	70	62
Rate**	4.0	3.6
Perinatal deaths (28+ weeks gestation)	143	128
Rate***	8.1	7.5
Marriages	6,820	6,853
Rate‰	6.8	6.8
Divorces and annulments	2,446	2,909

* Preliminary figures
‰ Rate per 1,000 population
** Rate per 1,000 live births
*** Rate per 1,000 total births

12. Strategic Planning and Evaluation

Objectives

- To develop health policy and to plan, co-ordinate and evaluate initiatives in health programming;
- To evaluate existing health programs in order to suggest policy, program and cost/benefit improvements;
- To carry out a wide variety of strategic planning and evaluation activities, including those affecting supply and demand for health human resources and professional legislation;
- To work with health professional associations and other public interest groups on matters involving health;
- To co-ordinate policies and activities which surround federal/provincial and interprovincial initiatives in the health field: and
- To provide a variety of support services to the Deputy Minister's office.

13. Finance and Administration

Objective

The Finance and Administration Branch exists to:

- provide administrative support services to department branches which assists them to meet the goals and objectives of Saskatchewan Health.

  This is achieved by centralized processing and coordination of:

  - buugetting
  - accounts payable and receivable
  - procurement and stockroom services
  - accommodation management
  - central mail sortation and records management and retention
  - recoveries from the federal government under federal-provincial cost sharing agreements

The Finance and Administration Branch also provides:

- financial and administrative advice and expertise in supporting the varied programs of the Department.

  It accomplishes this through:

  - its liaison role with central agencies
  - provision of advice on expenditures and budgets
  - the development of financial and administrative policies

14. Human Resources and Payment Negotiation

Objectives

To provide a comprehensive range of human resource services including staff development,, labor relations, staffing, benefits administration, classification and records management to individual employees and client branches to assist them in meeting the goals and objectives of Saskatchewan Health.

To co-ordinate negotiation and labor relations activity with outside health care agencies and professional groups.

Human Resource Administration

Human resource professionals provide employee relations services to the department by interpreting collective agreements and personnel policies; participating in the collective bargaining process; assisting with grievance resolution and representing management at various stages of the grievance process. In addition, they advise managers on cases requiring corrective discipline, utilization of the employee assistance program, performance management, and related policies.

The branch advises on organizational design, including advising on classification and compensation implications of various organizational options.

Human resource professionals facilitate the staffing process by providing advice to managers, assisting in the drafting of advertisements and critical factors and co-ordinating the processing of requests to the Public Service Commission. Following certification by the Public Service Commission, the branch makes formal offers of appointment, administers relocation policies and processes all signing-on documents.

Human Resources administers the benefit plans for health employees; provides career counselling to employees and outside applicants; co-ordinates employment equity initiatives; maintains all employee records including personnel files, vacation and sick leave entitlements; and maintains position establishment and vacancy reports.

During 1987-88, Human Resources managed the Early Retirement Program and downsizing initiatives, including the counselling of employees with respect to benefits and rights, and managing the bumping exercise for in-scope employees.

The branch undertook planning for the improvement of services including a review of available automated attendance systems.

Staff Development

The Staff Development Unit provides comprehensive Human Resources Development services including implementation of central initiatives, identification of needs, training plans, strategies and activities, as well as evaluation, follow-up and co-ordination of attendance in Public Service Commission and other training courses, seminars and programs. In addition, the unit administers the Health Care Bursary Program and the Dental Specialists Bursary Program.

In 1987-88, the Staff Development Unit offered in-house training as follows:

Course Title	# of Participants
Prescription for Change	13
Career Development	12
Managing Conflict	26
Managing Stress and Conflict	40
Total:	91

The unit continued to co-ordinate attendance at Public Service Commission sponsored courses as follows:

Course Title	# of Participants
Educational Leave	7
Senior Management Development courses	53
Administrative Development Diploma Program	4
Government-wide staff training courses	278

In 1988 the unit purchased a computerized Staff Development Planning system. Every employee's training plan will be entered into the system and will be published and updated annually. This system will greatly improve individual, branch and departmental staff development planning capabilities.

Bursary Program

The bursary program assists students training in selected health professions in which a scarcity of qualified personnel exists.

The bursary program is open to the general public and employees of the department. In return for financial assistance, bursary recipients agree to work for a stipulated period for Saskatchewan Health, or in a position within the province approved by the Minister of Health.

Recipients who default on their service commitment must repay monies awarded, plus interest.

The table below shows the distribution of bursary students at universities and institutes of technology during the 1986/87 and 1987/88 fiscal years.

Payment Negotiation

The Payment Negotiation Unit acts as an observer and consultant at bargaining tables involving the Saskatchewan Health-Care Association, Saskatchewan Association of Special-Care Homes, the Saskatchewan Home Care Association and the various unions representing employees in hospitals, special-care homes, home care and central laundries.

The unit sits as the chief negotiator in negotiations with the various professional and business organizations which contract with the government to provide health services. Other government negotiating committee members are drawn from the program agencies involved.

Payment Negotiation staff keep department officials aware of the budget implications of impending settlements and facilitates funding decisions in the health care field. Staff serve as a liaison between the funding agencies, Personnel Policy Secretariat and the various bargaining unit representatives. The unit also acts as a resource to the department on labor relations matters which arise during the term of any contract.

Payment Negotiation consulting, liaison and monitoring activities also include the area of management compensation for the associations and their members.

Dental Specialists Bursary Program

This program is designed to encourage dentists to study specialties which are in short supply and to return to the province upon completion of their training.

During the period March 1966 to March 31, 1988, a total of 49 dentists received assistance under this program. Forty-seven of these dentists have graduated, one is currently on an education deferment, and one has discontinued studies and has repaid all funds.

Of the 24 dentists who completed their service commitments, 17 are still practising in the province.

Table 40:

Bursary Students, Saskatchewan 1986-87 and 1987-88

	Students Continuing		New Students	
Area of Study	1986-87	1987-88	1986-87	1987-88
Total	56	63	34	21
Clinical Psychology	1	0	0	1
Dentistry:				
Postgraduate	2	1	0	0
Medical Social Work	1	0	0	0
Nuclear Medicine Technology	2	2	1	0
Nursing:				
Postgraduate	1	1	0	0
Occupational Therapy	18	27	24	9
Postgraduate	1	0	0	0
Orthoptics	1	1	0	1
Physical Therapy	24	11	4	3
Postgraduate	1	0	0	0
Prosthetics & Orthotics	1	3	3	0
Public Health Inspection	5	5	4	4
Respiratory Technology	2	2	1	0
Speech Pathology and Audiology	1	4	4	3
Chiropody	1	3	2	0
Gerontology:				
Postgraduate	1	1	1	0
Interior Design:				
Postgraduate	1	0	0	0
Postgraduate Medical	2	2	0	0

15. Public Affairs

The branch was formed in November, 1987 following a reorganization of the Communications and Health Education Branch.

Objectives

The branch provides support services to the department in order to communicate information to the public about Saskatchewan Health services. To achieve effective communication, the branch has the following objectives:

- To offer communications advice and support in planning, creating and delivering communication projects.
- To develop and implement communication strategies which provide maximum impact on identified target audiences.
- To deliver objective and timely information on deparmental policies and programs to the general public.
- To provide staff with current information on department activities and programs.

Activities and Services

The branch provides the following support services to the department:

- Assisting with a wide variety of print, audiovisual, television and radio production projects by providing design advice, liaising with outside production agencies.
- Producing all department news releases.
- Writing speeches for the Deputy Minister and the Minister.
- Co-ordinating special events, such as openings and sod turnings.
- Developing communication plans for major initiatives.
- Preparing the department's annual report.
- Designing and co-ordinating department displays and distributing display hardware.
- Providing a media clipping service on health issues.

In addition, Public Affairs operates the Saskatchewan Health Inquiry Line, providing assistance to people needing information relating to general health and Saskatchewan Health services. More than 5,000 phone calls are handled through the Inquiry Line service each year.

16. Saskatchewan Alcohol and Drug Abuse Commission (SADAC)

Overview

The Saskatchewan Alcohol and Drug Abuse Commission (SADAC) provides alcohol and drug education and treatment services to Saskatchewan residents.

The Saskatchewan Alcohol and Drug Abuse Commission Act which governs SADAC, provides for at least eight and not more than 12 board members appointed by the Lieutenant-Governor-in-Council. The members of the board are appointed from throughout the province and represent varying interests and disciplines. SADAC reports through the chairman to a designated member of Executive Council, currently the Minister of Health.

The mission of SADAC is to reduce alcohol and other drug problems.

Objectives

SADAC is responsible for carrying out the following objectives:

- To promote greater community awareness of alcohol and other drug problems.
- To promote healthy attitudes and behavior regarding alcohol and drug consumption.
- To intervene in the irresponsible use and abuse of alcohol and other drugs through early intervention, prevention and treatment services.
- To assist chemically dependent persons to change their behavior and achieve an abstinent lifestyle.
- To promote greater community action toward reducing alcohol and other drug problems.

Highlights

The Saskatchewan Alcohol and Drug Abuse Commission continued to implement and enhance the initiatives in alcohol and drug prevention and treatment, announced in 1986-87.

The developments in this long term program include:

- the establishment of Canada's first specialized youth treatment centre - Whitespruce Youth Treatment Centre - near Yorkton;
- implementation of a major public awareness campaign to promote healthy lifestyles and the prevention of alcohol and drug abuse, especially among adolescents and their families;
- the development and implementation of resource materials and awareness programs for educators, health and social agencies, and community and church leaders which provide services to young people, and
- expansion of SADAC's provincial network of funded agencies to provide various treatment and education services across Saskatchewan.

Organization

The Saskatchewan Alcohol and Drug Abuse Commission is organized into two components, Provincial Services and Regional Services, and is directed by the Executive Admiministration Branch.

Executive Administration

Executive Administration is responsible for executive and professional support to the chairman and the board and for the overall direction of operations. In addition, the branch is responsible for the strategic and operational planning regarding the alcohol and drug abuse field in Saskatchewan, including provision of medical direction, consultation to clinical programs and liaison with provincial and federal agencies.

Provincial Services

Provincial Services consists of Administration, Prevention and Training, and Evaluation and Research divisions.

The Administration Division is responsible for the administrative direction of commission activities including the implementation of board policies, budgetary, accounting and personnel needs and funding for allied agencies.

The Prevention and Training Division provides information, print and audio/visual materials, training and professional development services to commission staff and the general public.

The Evaluation and Research Division is responsible for initiating, conducting and promoting research on alcohol and other drug issues. As well, this division monitors statistical trends, develops and analyses policies, and develops and maintains SADAC's management information systems.

Regional Services

Regional Services programs, which include community out-reach and rehabilitation services, are co-ordinated by three geographic divisions: North, Central and South.

Through co-ordinators in 15 regions, SADAC works in the communities to develop a co-ordinated approach to deal with all forms of alcohol and drug abuse problems.

Rehabilitation services co-ordinate, promote and conduct programs for the treatment and rehabilitation of those abusing or dependent upon alcohol and other drugs, and their families. Interest continues to increase in programs for adolescents and their families. SADAC operates rehabilitation centres in Regina and Saskatoon.

As well, 33 agencies are funded by SADAC to provide detoxication, in-patient and out-patient services throughout the province.

Separate Annual Report

A comprehensive annual report is published by Saskatchewan Alcohol and Drug Abuse Commission. For a copy of SADAC's annual report, please contact:

Information Services Officer, SADAC
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

17. Regina and Saskatoon Cities' Health Programs

Overview

Health programs in Regina and Saskatoon are under the direction of a Medical Health Officer. In Regina the Medical Health Officer is appointed by the Regina City Council and is responsible to it through a Board of Health and Social Planning. The health program in Saskatoon is the responsibility of the Board of Directors of the Saskatoon Community Health Unit. The board is appointed by Saskatoon City Council.

Saskatchewan Health provides some funding for both cities. A revised funding formula was established in 1987-88 which substantially increased the provincial contributions to each city. The per capita health grants were increased to $6.40 from $3.35.

Each of these cities has provided a report in an attempt to give a more complete outline of the health services received by approximately 30 per cent of the province's population.

Each publishes an annual report containing more details and statistics. These reports are available from the Regina City Health Department (1910 McIntyre Street, Regina, Saskatchewan, S4P 2R3) and the Saskatoon Community Health Unit 310 Idylwyld Dr. N., Saskatoon, Saskatchewan, S7L 0Z2.

Regina City Health Department

Overview

The mission of the health department continues to be to prevent and control disease and to protect, promote and improve the health of Regina citizens by utilizing a co-ordinated community approach. Although public health has always been concerned with the community's well-being, increasingly it is evident that each of us has an individual responsibility for personal health.

The Regina Health Department Budget in 1987 was $2,750,800. This amounts to $15.41 per capita. In recent years the budget has been 75 per cent funded by the city and 25 per cent from the provincial health grant. This year funding from the province was significantly increased.

A major development in 1987 was the computerization of communicable disease reports within the department. This has greatly assisted the department in the reporting and follow-up of cases.

Although the number of cases of AIDS has remained at three per year since 1985, prevention of this serious disease through education remains a priority. More than 80 presentations were made by department staff during 1987. On November 27 the Saskatchewan Public Health Association and City of Regina Health Department in co-operation with Saskatchewan Health sponsored a one-day conference, The Community and AIDS Prevention.

The first meeting of the Health Department's AIDS Advisory Co-ordination Committee was held in December with about 20 community organizations present.

The results of the 1984 Regina Health Survey were published during 1987. Copies are available from the department.

Medical and Pediatric Services

Medical and pediatric services continue to be provided by a pediatrician. Direct clinic services are offered in two of the scheduled child health clinics. In addition to serving in these clinics, the pediatrician provides telephone consultation services to parents, private practitioners, staff members, and other professionals relating to communicable disease control and public health programs.

Immunization and Communicable Disease Control

Immunization

Prevention and control of communicable disease remain a basic concern of the department. Public health nurses administered 37,044 procedures during 1987 to 21,505 individuals. Immunization procedures by age group were as follows:

Infants	15,565
Pre-school	13,353
School	6,524
Adults	1,602

The department continued to be the designated yellow fever vaccination centre for southern Saskatchewan with 171 doses being administered in 1987.

Communicable Disease Control

The major communicable disease occurrence of 1987 was food poisoning in two institutions. Two outbreaks occurred in rapid succession. The first, in a chronic care facility, appeared in late June and the second, in an acute care hospital, occurred in early July. The first involved Salmonella heidelberg and 42 people (patients and staff) were infected. Although food was suspected as the source of infection, no samples collected during the investigation were found positive. The second outbreak involved Campylobacter jejuni and 26 hospital staff members became ill. No hospital patients became ill. Again, no particular food was identified but epidemiological studies pointed to one of the salads served only in the staff cafeteria.

The year saw a marked increase in reporting of giardiasis, a parasitic disease causing diarrhea, from 36 in 1986 to 131 in 1987. Part of the increase could be accounted for by out-of-country travel (14) and asymptomatic carriers (14) identified through contact-tracing efforts. A considerable number of cases were identified amongst young children in group care situations. Increased reporting has been noted in other jurisdictions.

The incidence of most sexually transmitted diseases including AIDS remained unchanged compared to 1986. Three cases of AIDS were reported making a total of ten cases in Regina since 1985.

Public Health Nursing

At the end of 1987, the Public Health Nursing Division was staffed by 40 nurses and served a population of 178,520. Positions included one nursing director, three assistant nursing directors, 30 community district nurses, three immunization nurses, one STD/TB nurse, and two Special Programs nurses with a native community focus.

Special Projects and Activities

1. A further evaluation of the Cathedral Wellness Clinic for seniors led to the decision to discontinue the weekly clinic. The popular monthly pot luck luncheons plus educational sessions were continued with an opportunity for counselling after each session.

2. A survey using school health records revealed a total of 65 known diabetic students.

3. Nurses developed two safety posters featuring infant equipment and poisonous plants. Also developed were a Native Programs pamphlet, a maturation pamphlet - About Boys, and an information sheet for high school teachers concerning the public health nurse role.

4. TB and STD procedure manuals were developed, dealing with the acts, legal aspects, contact tracing, records, statistics and liaison.

5. The co-ordinator for the Regina Child Abuse Prevention Committee was given office space and clerical assistance at the branch office.

Native Health Program

Program services and initiatives included liaison with other Regina native health/social agencies, resurrection of the interagency native health committee, and the design of a new program pamphlet. Health education was provided on a regular and ad hoc basis to various native agencies and community groups. Service continued at the child health clinic based at the Native Women's Association and through home visits.

Health Education Programs

1. Expectant Parent Programs

Prenatal classes continue to be an important and popular program. During 1987, 494 classes were taught. Participants included 833 mothers (of whom 165 were single, 662 fathers and 138 "coaches"). The number of Regina births in 1987 was 3,114. This shows that 27 per cent of all expectant mothers were reached. A majority were primiparas.

In the school setting, 32 teenagers received counselling regarding pregnancy for a total of 129 visits. As well, the Balfour Tutorial School had 65 students who received an average of 10 prenatal classes in addition to their regular school work.

2. Health Education Talks

Talks were given to a variety of community groups on a wide range of health topics. Subjects included child abuse, nutrition, AIDS/STD, healthful living, childhood diseases, breast self-examination, safety, and family life.

	1986	1987
Health education to the community		
Number of sessions	154	337
Number of persons	2,406	5,052

School Services

Public health nurses spend on average 38 per cent of their time in the city's 114 schools. Services provided include physical assessment (3,198), first aid (3,497), immunization (4,262), hearing screening (7,951), vision screening (21,030), scoliosis screening (196), communicable disease screening (9,134), student counselling (4,826), counselling pregnant teenagers (first contact (32), follow-up (97), parent counselling (4,024), and teacher counselling (5,265). Classroom instruction on health-related topics continued to be an important and growing area with 444 sessions held during 1987. Family life, nutrition, first aid, AIDS/STD, safety and communicable diseases were some of the subjects addressed.

Infant and Pre-school Services

At child health clinics nurses monitor a child's growth and development, screen for health problems, provide counselling services and perform immunizations. There are 15 clinic locations in the city.

Total visits made to these clinics numbered 10,687. Of this total, 6,202 were infant visits, 4,365 were pre-schoolers and 120 were school-age children. Immunization was given at 83 per cent of the visits.

Pre-schoolers' vision and hearing were assessed at day care centres, nursery schools and at special vision and hearing screening clinics as well as at four-year-old birthday check-ups. During the year, 2,116 children in the three- to five-year age group received vision screening. Essentially the same children, 2,033, received audiometer screening.

In total 2,318 pre-school children born in 1983 had vision and hearing testing included with their special four-year old birthday check-ups which also assessed speech, development, general health and immunization. Fully 79.4 per cent of the eligible population of 2,918 took advantage of this service in 1987.

Communicable Disease Control

Surveillance, plus free penicillin or sulfadiazine, were provided to people in the rheumatic fever program. At year end, 25 individuals were in the program compared with 32 last year.

Tuberculosis cases reported to the department numbered 26. Contacts located numbered 12.

Of the 594 notifications received for STD contact tracing, 354 contacts were located (60 per cent), and referred for treatment. In the community, 73 talks were given to a total of 1,510 people.

Home Visiting

Visits to homes numbered 7,225 for an average of 240 per district nurse. Visits were made for the following reasons (more than one reason per visit): infant care - 4,121, sudden infant death - 12, services to pre-schoolers - 2,120, services to school children - 1,163, suspected child abuse - 11, services to adults - 3,068, services to senior citizens - 395, prenatal care - 155, postnatal care - 3,467, communicable disease surveillance - 1,204, boarding care homes - 67 and Saskatchewan Aids to Independent Living - 52.

Environmental Health Division

This division has a staff of 11, consisting of eight district public health inspectors, one supervisor, one chief health inspector and one clerk steno. Three of the district public health inspectors are stationed at the branch office. During 1987, the division received and investigated 1,249 complaints and conducted 22,858 inspections or investigations, orders, tests and consultations.

In 1987, 58 new public eating establishments were opened for business, 34 were closed, and five were degraded. A total of 22 food-handling courses were held and attended by 591 food handlers.

During this period the division took a total of 875 water samples of which 154 were from swimming pools and 721 were from the municipal water system. There were 224 plans approved for construction and/or renovation of food establishments, apartments, etc. In 1987, 65 dwelling units were placarded as unfit for human habitation under the Public Health Act. Thirty-nine houses were repaired and 10 houses were demolished.

A total of 311 animal bites were investigated in 1987 of which 31 per cent were from dogs at large. Two swimming pool operators' courses were held and were attended by 40 operators.

Table 41:

Public Health Inspection Services 1986 and 1987

Area of Inspections	Number of Inspections 1986	1987
Total	21,182	22,858
Public eating establishments	2,744	2,997
Food establishments (bakeries, meat and fish markets, grocery and confectionery stores, beverage plants and food wholesalers)	629	397
Food poisoning cases reported and investigated	46	53
Food samples submitted to laboratory	46	41
Dwellings, special-care homes, day care centres, various approved homes, boarding care homes, schools, institutions and properties	2,483	2,036
Hotels, motels, apartment blocks and trailer courts	216	246
Recreation areas (swimming pools, parks, playgrounds, arenas, bowling alleys, pool rooms, theatres, halls and clubs)	540	442
Services and trades (laundries, barber shops and beauty parlors, garages and industries)	243	217
Insect, rodent and pest control	304	346
Other investigations	13,931	16,082

Nutrition Division

The Nutrition Division accomplishes its mandate of promoting good health and helping to prevent nutrition-related disease through nutrition education and intervention. The senior nutritionist and a casual part-time nutritionist identify the nutrition needs in the community and evaluate the programs provided. Nutrition programs are targeted to health professionals and at-risk groups in the community.

Nutrition Highlights

- Growth was seen in the areas of staff and public consultations, number of group presentations and attendance per presentation, staff in-services and media contacts.
- Thirty-eight resources were developed including newspaper columns, presentation outlines, a Policy and Procedure Manual, a Quality Assurance Program, a handout on fluoride and vitamin D requirements of infants and children, and bulletin board displays.
- A dietetic intern conducted a study of Preferred Nutrition Education Methods of Seniors. Results were used to develop a 10-week course on nutrition at the University of Regina, Seniors' Education Centre.
- Big Ideas Teacher Workshops, K-3 and 4-6 were begun in September, 1987. These workshops presented a program for teaching nutrition in the schools. Four workshops for 41 teachers were offered before Christmas.
- More than 500 school children participated in the Eat to Compete Nutrition contest.
- The Healthiest Babies Possible Nutrition Consulting Program was evaluated after its first year of operation. Seventy-three high-risk pregnant women received the additional nutrition support provided through the program.
- The division has represented the Health Department on the steering committee of the Child Hunger Coalition since its inception in March, 1987.

Biostatistics Division

The biostatistician's role in the Regina Health Department is to collect and maintain a data base useful to the department, evaluate ongoing programs and help staff research different health areas, thereby assisting the department to set goals. The development of computer applications to facilitate the maintenance and analysis of data was an important function of this division in 1987. The Biostatistics Division also administers the Boarding Care Home bylaw and Quit for Good quit smoking program for the general public and the workplace.

In 1987, the biostatistician co-ordinated a conference concerning the Community and AIDS Prevention. Topics dealt with included information about AIDS, counselling, confidentiality, community services and strategies for prevention. The biostatistician also served as a resource person for the city's Smoke in the Workplace committee. The policy provides smoke-free workpalces for city employees.

Saskatoon Community Health Unit

Overview

The mission of the Saskatoon Community Health Unit is to strive for the best possible health and environment for the people of Saskatoon. The major responsibility is the development of preventative community health services, primary prevention being the first priority as prevention is proven to be cost effective.

Community Health Nursing Division

The demands for community health nursing services continue to grow. The current nurse to population ratio is approximately 1:6,600 as compared to 1:5,600 five years ago. Services continue to delivered by 28 community health nurses and six health aides. Community health nurses provide services to populations in assigned neighborhood districts. Health aides provide vision and hearing screening programs for selected grades in elementary schools.

Activity Highlights

The goal to promote healthy lifestyles and practices is achieved through health education and health promotion activities.

Table 42:

Summary of Health Education in Schools

Subject	No. of Sessions
Family Life (family life 434) (STD and AIDS 64)	498
General Health (hygiene, dental, diabetes)	302
Nutrition	276
Lifestyle (smoking, alcohol, stress, accidents/safety)	152
Communicable Disease	85
Immunization	19

In addition to presentations in schools, 19 presentations were made to community groups on a variety of topics.

Health Promotion Activities

Health promotion activities included health information displays at the Carlyle King Library, short health messages for radio and three television presentations.

The Couples Prenatal Committee participated in a Prenatal Fair sponsored by the Welcome Wagon. A display of prenatal resources and a presentation on fetal growth and development received positive acceptance by the participants.

Prenatal Health Services: Prenatal classes are offered throughout the year for both singles and couples. An advertising plan for the classes was implemented to encourage early registration.

Birth Control Clinic Services

The clinic services are aimed at preventing unplanned pregnancies. A counselling service is provided to promote healthy decision making about sexuality and contraception.

Table 43:
Birth Control Clinic Attendance

	Total Clients	New Clients
1986	131	81
1987	124	58

Infant and Pre-school Program

The goal of the infant and pre-school program is to promote and protect the health of infants and pre-school children through immunization programs, teaching, counselling, assessment, referral, support activities, and resource linkage. Attendance at the Child Health Conference totalled 14,411 in 1987.

School Program

The community health nurses spend about one-third of their time in the city's schools, including private schools and the community college.

In addition to the immunization and health education programs, routine vision and audiometric screening is done for students in kindergarten and grade one, and routine vision screening of students in grades four and eight.

Table 44:
Vision and Hearing Screening in Schools (K-VIII)

No. of Students Screened for Vision Problems	7,906
No. (%) Referred	561 (7.1)
No. of Students Screened for Hearing Problems	6,893
No. (%) Referred	185 (2.7)

Table 45:
School Inspections, 1987

Number of skin conditions	502
Number of trauma	522
Number of pediculosis screened	1,742
Number of pediculosis positive	243
Other inspections	1,063

Home Visiting Program

Home visits are made routinely for pre- and postnatal care and as a result of referrals received from the community. Home visits were made for the following purposes: parenting - 333, nutrition - 189, physical handicap - 105, mental health - 86, immunization - 686, chronic disease - 152, alcohol/drug abuse - 31, child neglect/abuse - 63, communicable disease - 213, growth and development - 148.

Environmental Health Division

Objective

To prevent health problems caused by environmental hazards specifically relating to food, water, housing, air and recreational facilities.

Staff

The division has a staff of six public health inspectors and one chief inspector. All inspectors work out of a main office and provide inspection services to a designated district.

Services and Programs

Food Control

The aim of the food control program is to ensure that food consumed by people in Saskatoon is free of contaminants which could cause illness.

Table 46:
Inspections – Food Premises

Restaurants	1,265
Bakeries	22
Food Stores	259
Butcher Shops	27
Temporary Concessions	295
Beverage Rooms	141
Mobile Concessions	10
Other Food	21
Problems Identified	
Food Quality	20
Food Protection	262
Insect Control	49
Personnel	20
Equipment Design/Repair	73
Cleaning Equipment/Utensils	153
Plumbing	59
Toilet Facilities	50
Handwashing Facilities	154
Waste Disposal	13
Rodent Control	36
Floors/Walls/Ceilings	218
Light/Heat/Ventilation	48
Range Hoods	41
Housekeeping/Yard	77
Structural Problems	4
Dining Floor Area	12
Water/Sewage	5
Miscellaneous	22

Six public eating establishments were closed due to non-compliance with regulations. One of the six eating establishments was charged for operating without a Certificate of Approval and for disobeying an order to close issued by the Medical Health Officer. The restaurant entered a guilty plea and was fined.

An inspection program for kitchens in institutional special-care homes and hospitals was implemented. In

conjunction with the inspection program, a Sanitation Training Program called Think Clean was promoted with institutional kitchens.

Water Quality

This program is designed to ensure that the water used by residents of Saskatoon meets quality and health standards. During 1987, 1,404 water samples were collected from the municipal distribution system for bacteriological analysis to ensure that water is free of disease-causing organisms. As well, 104 chlorine tests were completed on water in the distribution system.

Housing and Accommodation Programs

These programs are to ensure that health problems caused by substandard housing and accommodation are reduced or minimized. During the year, 971 property inspections were carried out, most in response to complaints about private dwellings.

Indoor Air Quality

The division continued to respond to complaints from the public where it was suspected that indoor air quality in private housing was causing health problems. Fifty-three investigations were conducted where testing was done for airborne formaldehyde, carbon monoxide, carbon dioxide, and humidity.

General Sanitation

General sanitation is assessed in the community to reduce conditions conducive to the transmission of disease.

During the year 423 general sanitation inspections were carried out in various commercial and public premises.

Pool Sanitation

As part of the pool sanitation program, 257 inspections were carried out on swimming pools, whirlpools and paddling pools.

In addition, three Level I swimming pool operator courses presented by the inspectors were attended by 68 pool operators.

Skunk and Rat Control

Complaints about skunks and rats increased during 1987. Six rat harbourages were identified and baited. Complaints were received about 35 skunk harbourages.

Other Services

Information on a variety of environmental health problems was conveyed to the public. Complaints were promptly investigated.

Nutrition Division

Nutrition Division services are provided by the senior nutritionist and one and one-half staff nutritionists.

Optimal Maternal and Child Health

Services of the Nutrition Division are directed at reducing the incidence of low birthweight babies, by providing nutrition and lifestyle assessment and counselling services to all pregnant women enrolled in Health Unit singles, couples and Healthy Mother Healthy Baby programs. The nutritionists screened 1,836 clients in 1987 including both initial and follow-up assessments, an overall increase of four per cent over 1986. Part of prenatal nutrition services is the provision of milk and vitamin/mineral supplements. These are provided to women who have economic hardship and are consuming a nutritionally inadequate diet. Two hundred and twenty-one women were accepted for the supplementation program.

In 1987 an interagency committee on maternal and child nutrition was established as a joint effort between the Nutrition Division, provincial nutritionists and dietitians from the three hospitals. The goal of this committee is to ensure accuracy and continuity in information dissemination. A breastfeeding resource package was developed and is now being used as a hospital and community resource throughout Saskatchewan.

Healthy Lifestyles for Saskatoon Residents

To achieve healthy lifestyles in the population, the priority in service delivery is the young child. The goal is to ensure that they establish lifelong eating habits which will maintain and enhance their level of health. To a large extent, this goal is achieved through nutrition education programs directed at other professionals. Twenty-two in-service education programs were provided to community health nurses and other professional groups to assist them in integrating nutrition information into programs they deliver. The number of teacher in-services delivered this year remained virtually constant over 1986 at 18 workshops.

The School Services Nutritionist continues to be involved at the curricular level, participating on the Public School Board health and lifestyles curriculum committee and lecturing at the College of Education health curriculum class.

There were 30 television shows, interviews and press releases in 1987, used as a vehicle to provide nutrition information to the public.

The Reduction of Preventable Disease and Disability in the Community

The senior nutritionist is part of the provincial healthy weights strategy committee. The long-term goal is to change people's attitudes to weight and to encourage tolerance for a variety of body shapes and sizes. Planning activities were initiated in 1987, although the program is expected to be implemented in the latter part of 1988.

The nutritionists also provide nutrition and therapeutic diet counselling on a referral basis. Most referrals are provided by physicians.

As poverty is a major factor in morbidity and mortality, the nutritionists work with various professionals and community groups in identifying specific needs and developing nutrition programs for those on low incomes.

Health Education Division

This division's goal is to promote healthy lifestyles for Saskatoon residents by providing direct services to the general public, working with other divisions within the unit, and working with other agencies in the community. The Health Information Resource Centre and library services are provided by this division.

Activity Highlights

Activities to Prevent/Reduce Tobacco Smoking

Smoking in the Workplace and Follow-up Conference

Last year the Health Unit sponsored a conference on Smoking in the Workplace. As a result, more organizations are seeking assistance in creating smoke-free workplaces. Consultations are provided to both employees and employers. A half-day follow-up conference was held in October to share the progress, success and difficulties encountered since the conference was held in 1986.

Orientation to Tobacco Smoking Materials

All new staff were given instruction in the use of teaching materials to teach students in grades five and six about tobacco smoking, peer pressure and learning how to say no.

General Health Promotion

Teachers' Workshop on Youth Lifestyles

The Roman Catholic School Board had a one-day workshop for teachers on their new drug/alcohol program for grades six to eight. A presentation was made of all the resources which are available to students, schools and parents.

Healthy Lifestyles Conference Display

A two-day display was put on at the Healthy Lifestyles Conference in the Sheraton Cavalier. Grades nine to twelve were represented from schools throughout the province. Topics promoted were youth and drugs, alcohol, smoking and sexuality.

Seniors Health Fair

A health fair for seniors living in the Riversdale-Pleasant Hill area was co-sponsored by the Saskatoon Safety Council and the Health Unit. Health topics included foot care, nutrition, medications, memory loss, home safety, bowel care and services provided by Home Care.

Health Fair on Canada Health Day

A health fair was organized by the various divisions on May 16, Canada Health Day, at the Cosmo Civic Centre. It was held to familiarize the Board of Health and the aldermen with the programs and services of the unit.

Information Display for Saskatoon Businesses

The Health Education Division participated in a display to familiarize Saskatoon businesses with the kinds of services offered by the various civic departments.

Program Development Division

The mandate of this division is to research and identify the health needs of high-risk groups and to develop programs specific to their needs.

The primary activity within this division is to manage the Healthy Mother, Healthy Baby program. The goal of this program is to improve pregnancy outcome for at-risk women. It is targeted at low income, young and native women. Intervention concentrates on nutrition, smoking, alcohol and drug use, and medical follow-up.

Clients who are low income and at greatest nutritional risk qualify for milk vouchers and a vitamin preparation. As well as assisting women to meet their daily nutritional requirements, supplements are a means of attracting them to our service.

Preliminary evaluation of the program data demonstrates success in reaching the target group and in promoting significant improvement in all risk areas. These achievements are due largely to the contribution of the community health workers.

Epidemiology Division

The goal of the Epidemiology Division is to prevent, reduce, or modify the course of disease in the community through surveillance, investigation of outbreaks, and protection of susceptible persons. Services are provided by an epidemiologist, a field investigator, three immunization nurses, and two STD program nurses.

Sexually Transmitted Disease Program

The sexually transmitted disease control program provides diagnosis and treatment of people infected with an STD as well as community follow-up through contact training and education.

In 1987, 1,729 cases of sexually transmitted disease were reported to the Health Unit. Chlamydia continues to be the most frequently reported STD, with 942 cases while 421 cases of gonorrhea were reported. One hundred and fifty-eight contacts were investigated and staff responded to more than 3,300 telephone inquiries about STDs.

AIDS became a major issue for the Saskatoon Community Health Unit in 1987. In response to community concerns, an inter-agency council on AIDS prevention was formed. In addition, the Health Unit offered HIV antibody testing and screened 114 people in 1987. The staff gave 578 presentations on family life, STD, or AIDS.

Communicable Disease Control

Infectious disease activity was low in 1987, although measles notifications continued at a high level, with 174 cases being reported. Control efforts continued in 1987 with a full investigation of each rash illness reported.

Immunization

Immunization continues to be a major part of disease control efforts. A total of 36,668 immunizations were provided. The central immunization clinic continued to provide immunization and advice to overseas travellers. In 1987, 3,702 clients attended the immunization clinic.

Appendix: Summary of Legislation

Two major pieces of legislation were amended during the year.

The Prescription Drugs Act was amended and received Royal Assent in November, 1987. The Act was amended to accommodate changes to the Prescription Drug Plan. Major areas covered included establishing the application of the Formulary as a basis for making benefit payments to individuals and providing for the authority to enter into agreements with pharmacy operators for purposes related to the program.

The Saskatchewan Medical Care Insurance Amendment Act, 1987 received Royal Assent in November, 1987 and came into force on January 1, 1988. The Act transferred administrative responsibility for insured medical services from the Saskatchewan Medical Care Insurance Commission to Saskatchewan Health. The Act provides for reciprocal billing between health care plans of other provinces regarding physician services provided to out-of-province beneficiaries and for the establishment of a new peer review process to review the billing practices of practitioners. Other areas include the discontinuation of the processing of claims by the Swift Current Health Region and approved health agencies submitting physician claims.

During the year minor amendments were also made to **The Saskatchewan Hospitalization Act, The Hospital Standards Act** and **The Vital Statistics Act**.

Acts Administered by Saskatchewan Health

The following is a list of Acts which the department is directly responsible for administering:

The Abandoned Refrigerator Act
The Ambulance Act
The Anatomy Act
The Change of Name Act
The Dental Care Act
The Department of Health Act
The Health Services Act
The Hearing Aid Act
The Hospital Revenue Act
The Hospital Standards Act
The Housing and Special-care Homes Act
The Medical and Hospitalization Tax Repeal Act
The Mental Health Services Act
The Mutual Medical and Hospital Benefit Associations Act
The Prescription Drugs Act
The Public Health Act
The Saskatchewan Health Insurance Act
The Saskatchewan Hospitalization Act
The Union Hospital Act
The Venereal Disease Prevention Act
The Vital Statistics Act

Acts in Which Saskatchewan Health has a Direct Interest

The Alcohol and Drug Abuse Commission Act
The Cancer Foundation Act
The Chiropody Profession Act
The Chiropractic Act
The Community Health Unit Act
The Dental Profession Act, 1978
The Dental Technicians Act
The Dental Therapists Act
The Denturists Act
The Emergency Medical Aid Act
The Health Research Act
The Home Care Act
The Human Tissue Gift Act
The Lloydminster Hospital Act, 1948
The Medical Care Insurance Supplementary Provisions Act
The Medical Profession Act, 1981
The Medical Radiation Technologists Act
The Medical Scholarships and Bursaries Act
The Naturopathy Act
The Ophthalmic Dispensers Act
The Optometry Act, 1985
The Osteopathic Practice Act
The Pharmacy Act
The Physical Therapists Act, 1984
The Professional Dietitians Act
The Psychiatric Nurses Act
The Registered Nurses Act, 1978
The Registered Occupational Therapists Act
The Registered Psychologists Act
The Saskatchewan Embalmers Act
The Saskatchewan Medical Care Insurance Act
The South Saskatchewan Hospital Centre Act
The Tuberculosis Sanatoria and Hospitals Act
The University Hospital Act
The Wascana Rehabilitation Centre Act
The White Cane Act